Government of Malawi

Malawi
Nutrition Cluster Updates

Nutrition Response Progress

September 2023 | Vol.6

Screening	2,170,526	115% / 2,499,755
SAM admission	62,067	41% / 25,710
IYCF counselling	607,877	81% / 490,804
Adolescent IFA	79,642	68% / 54,455

CMAM Programme Performance

SAM Children 6-59 months (August 2023)

Cure rate 93.7%	**Death rate** 1.5%
Non-responder 1.8%	**Default rate** 3.0%

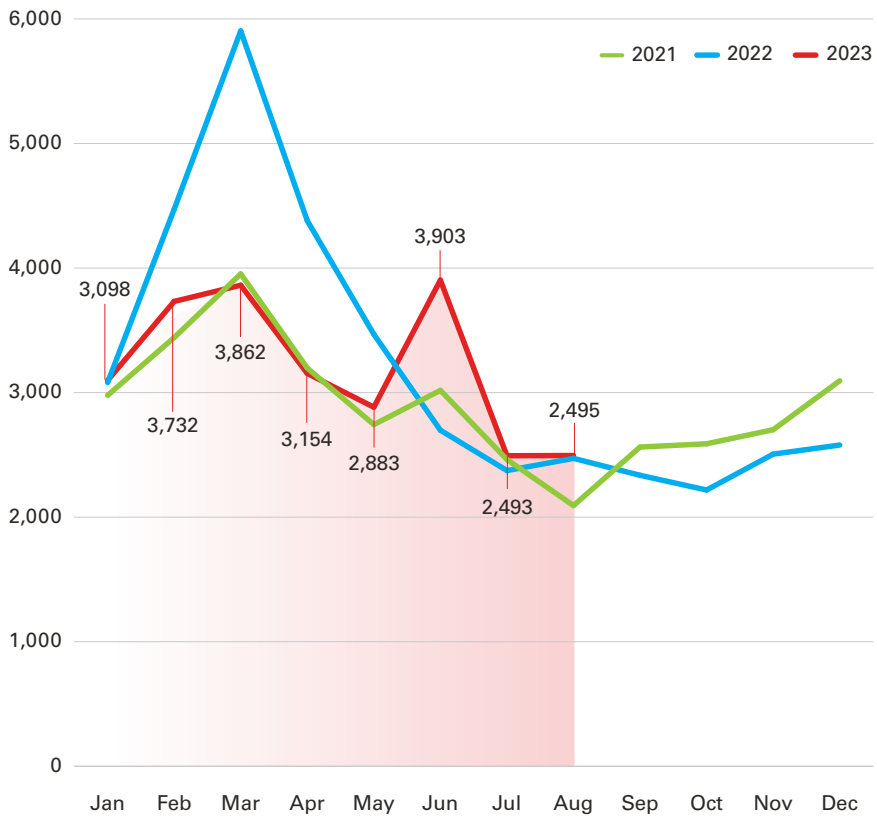
14.6%

MAM Admissions

of children and pregnant women has increased by 14.6 percent in the same month in the previous year (2,099 in August 2022 and 2,406 in August 2023).

Key Highlights

Trends of severe acute malnutrition admissions 2021/22/23



- In August 2023, 2,495 children under five years were admitted for treatment of severe acute malnutrition (SAM), showing a slight increase (0.93 per cent) from 2,472 in August 2022. A rise upward of 14.6% was observed in the number of children admitted for treatment of moderate acute malnutrition (MAM) from 2,099 in August 2022 to 2,406 in August 2023.

- A total of 258,179 under-five-year-olds were screened for acute malnutrition in nine districts in September 2023 of which 1,900 children (0.7%) were found to be malnourished and referred to health facilities for further treatment (457 children with SAM and 1,443 children with MAM).

- In September, 36,045 caregivers of children aged 0 to 23 months (2,804 Male, 33,241 Female) received counselling on optimal infant and young child feeding practices. This was accomplished through care group sessions, one-on-one counselling sessions at health facilities, growth monitoring and promotion sessions, and mass screening in cholera and flood-affected villages.

Ready to Use Therapeutic Food (RUTF) is a medicine

By James Chavula (UNICEF Malawi)

Esnat Chimatiro's 18-month-old daughter, Hanifa, smiles while taking RUTF to treat severe wasting in children under five. Her mother receives 14 packets of RUTF—every Friday at Kawinga village clinic near her home in Traditional Authority Chowe, Mangochi District. "This is medicine. My second born receives two RUTF packets per day. She takes one in the morning and another in the evening," she says, cuddling the baby on her lap. Hanifa eats the RUTF as prescribed by Torea Simenti, the health surveillance assistant (HSA) who built and runs the village clinic.

UNICEF, with funding from the UK's Foreign, Commonwealth, and Development Office (FCDO), is supporting the Ministry of Health to decentralize the treatment of severe wasting to hard-to-reach areas in Mangochi, Dedza, and Mzimba districts. This includes training health workers to manage severe wasting without medical complications and to provide essential supplies such as RUTF at the village clinic, and nutrition screening tool kits.

Kawinga Village Clinic has cut long walks to Mase Health Centre, where patients pay for services outside its service-level agreement with the Government of Malawi. A return motorcycle trip to the Christian Health Association of Malawi (CHAM) facility costs about K3,000.

"The frequent trips to Mase would have left me poor since Hanifa started receiving RUTF. The HSA found the baby severely wasted after measuring her weight and upper arm," she explains. A year on, Hanifa, who weighed two kilograms when she was born prematurely at Mangochi District Hospital, looks healthier.

"I feared losing my daughter as her weight dropped to 3kg nine months after birth. Thanks to the RUTF, she can afford a smile and sits down to eat and play with her sister. Before, she was weak and sickly," Esnat explains.

This personifies the power of the two-sachets-per-day dose in restoring malnourished children's health. Previously, some children were receiving over 80 packets a month, depending on body weight. "The standard 2 sachets per child per day dose has made malnutrition treatment easy like any other dosage.

As advised by our HSA, I give Hanifa two sachets a day," says the mother of two. She swiftly consults the community health worker, who single-handedly constructed the village clinic, when she detects a change in Hanifa's health.

HSA Torea Simenti wanted to become a nurse but found joy in delivering primary health care. Clad in her sky-blue uniform, she has been giving life-saving messages and supplies, such as nutrition supplements, vaccines, modern family planning methods, and water treatment chemicals, from village to village since 2007. "I built the village clinic because women in my area were shunning health services, including malnutrition treatment, due to long walks to Mase. Now they see me any time, even at night," she states.

Simenti says the standard dosage has reduced stock-outs and misuse of RUTF. "Most children defaulted when RUTF was dispensed at the distant CHAM facility. It was not easy to trace them and assess their health as I do when giving RUTF every week," she recalls.

The HSA opened the village clinic in 2019. After being trained to store or dispense medicines and vaccines in the open and at home, she approached village heads to construct a shelter for an under-five clinic then held in the open come rain or sunshine.

A lukewarm community response moved her up to make 5,000 bricks, sheaf grass, buy plastic sheeting, and recruit local bricklayers to build the clinic on a piece of land she inherited from her parents.

"Before, many children were dying from treatable diseases like malnutrition because their parents couldn't afford hospital trips. Some didn't know that the CHAM facility was dispensing RUFT free of charge while others were afraid of making off-pocket payments for treatment of opportunistic conditions," Simenti narrates.

Now she sees no less than five children a day and refers critical cases to Mase health centre. "The village clinic has dramatically improved follow-ups. When we give them RUTF, we also assess if the child is taking and assess any change," she explains.

After waving goodbye to long and costly medical trips to Mase, parents have embraced the weekly distribution of 14 RUTF sachets per child. "The village clinic has eliminated off-pocket payments, and malnourished children now get constant feedback," Simenti states.

"The standard distribution and village clinics have simplified follow-ups and communication with the HSAs. No child in my zone has died from malnutrition since November 2022," she states.

Understanding the link between NRU discharges and NRU death rates

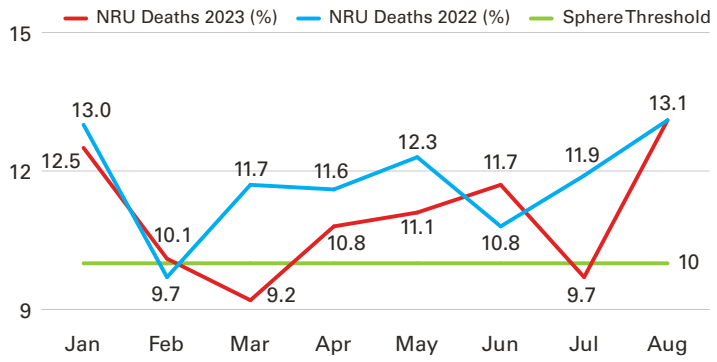
In the continuous endeavour to enhance nutritional outcomes, a comprehensive examination of the correlation between monthly discharges from Nutrition Rehabilitation Units (NRUs) and NRU-related deaths has been conducted. This analysis aims to deepen our comprehension of the scale of discharges and the reported mortality rates in health facilities. The results of this investigation have unearthed a robust and compelling connection between the monthly discharges from NRUs and NRU-related deaths, and it is of a positive nature.

The data from January to August 2023 reveals that as the number of patients discharged from NRUs increased, there was a corresponding rise in the number of deaths occurring within the same timeframe. During the period leading up to the lean season, there was an increase in the number of malnourished children who died due to severe acute malnutrition (SAM). The percentage of deaths increased from 12.5% in 2022 to 13.2% in 2023 against a minimum standard threshold of 10%. In March and July of 2023, the percentage of deaths fell below the sphere threshold of 10%, despite having only one instance of falling below the threshold in 2022. The districts of Balaka, Kasungu, Lilongwe, Blantyre, and Salima recorded high SAM deaths compared to Chikwawa, Dedza, Chitipa, Dowa, Mchinji, Mangochi, Mulanje, Mzimba South, Zomba, and Phalombe registering moderate SAM deaths between January and August of 2023.

Conducting a thorough investigation is crucial to understand the complex factors contributing to the observed trend of deaths related to NRU, according to the results of death audits. While the CMAM guidelines suggest institutionalizing death audits for all deaths occurring in the NRUs within 72 hours, it has been found that this practice is not consistently followed in many NRUs. Several key issues have been identified, including delays in seeking care due to challenges in community case identification and referrals between Outpatient Therapeutic Programs (OTP) and NRUs, delays and challenges in the diagnosis of medical and nutrition-related complications, and issues related to the availability of essential drugs, reagents, and timely laboratory results.

The persistently high death rates within NRUs highlight the critical need to improve the quality of care provided to children suffering from SAM with complications. It is also essential for districts and health facility management teams to ensure the regular implementation of death audits within 72 hours of a child's death. This practice is necessary to gain insights, improve care, and ultimately reduce mortality in NRUs.

NRU Monthly Deaths %



Nutrition mass screening in emergency districts

UNICEF successfully supported comprehensive mass screening of children under five for acute malnutrition across 12 emergency districts in Malawi, encompassing Blantyre, Chiradzulu, Phalombe, Balaka, Zomba, Nsanje, Chikwawa, Mwanza, Machinga, Thyolo, and Mangochi during the period of June to July 2023. This crucial activity was implemented in collaboration with the respective districts, with UNICEF's financial and technical support.

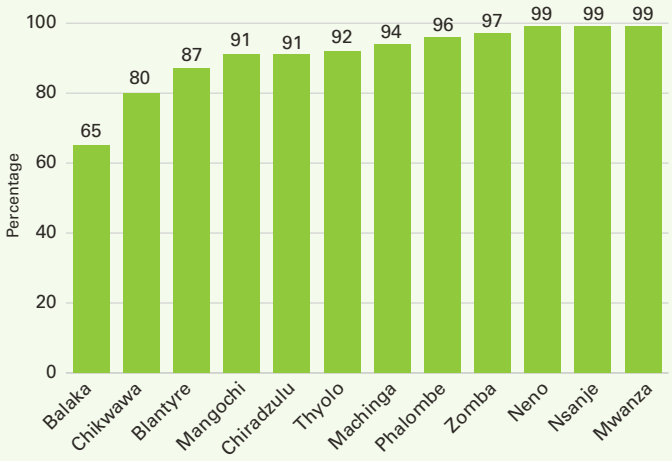
A total of 1,259,267 children (587,658 males and 671,609 females) aged 0 to 59 months, out of the targeted 1,412,631, were screened for acute malnutrition representing 89% coverage rate.

Of the children screened, 2,663 children (0-59 months) were identified with SAM with a proxy prevalence of 0.21%, comprising 1,320 males and 1,343 females. Additionally, 14,991 under-fives (6,990 males and 8,001 females) were identified with MAM.

In Mangochi, Machinga, and Blantyre, high SAM cases have been observed. Of concern in the screening exercise is Mangochi, with 655 children identified with SAM. Conversely, Mwanza and Neno reported the lowest numbers of children identified for SAM, with just 5 and 2 cases, respectively in the period June-July 2023.

These results are an indication that there are many children with acute malnutrition in these communities who are not identified and referred for appropriate care and support.

Coverage of Mass Screening by District



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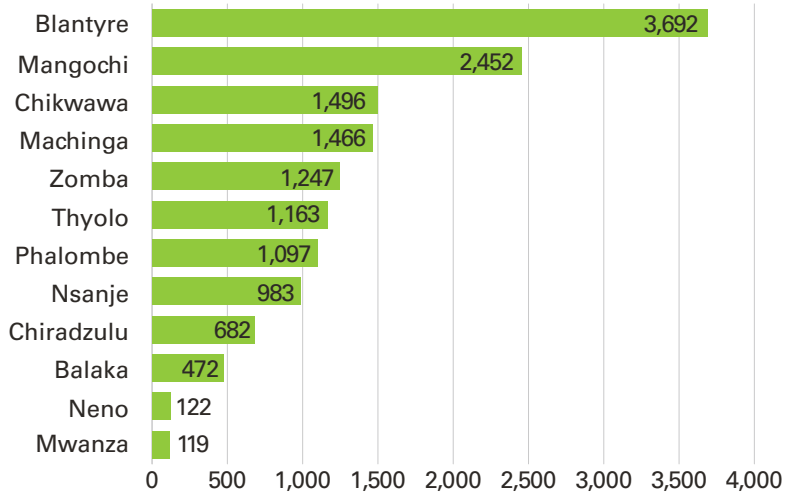
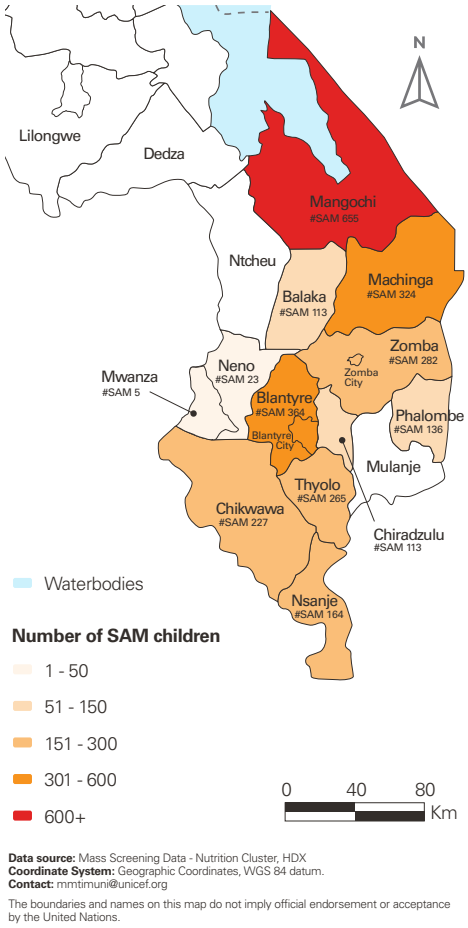
Overall, in all the 12 flood-affected districts, Blantyre recorded the highest number of MAM cases (3,692) and the least, Mwanza recorded 119 children. Although Blantyre recorded the highest MAM ranges, the susceptibility of Chikwawa (6.84%) to succumb to moderate acute malnutrition in children under five is exceedingly high as opposed to Blantyre (1.56%). Suffice it to mention that some facilities had received corn soya blend (CSB) and hence appeared to be rolling out the supplementary feeding programme (SFP) notably Thyolo. Despite successfully rolling out SFP in 66% (8 out of 12 health facilities) of the emergency district facilities, the programme's termination failed to meet the high demand due to the considerable number of children screened for MAM. Thus, under-five children with MAM with no access to SFP experience high rates of deterioration and no improvement and therefore run a risk of entering SAM cases.

MAM Admissions among Children Under-Five Identified under June-July Mass Screening



Mass Screening Update - SAM



Data source: Mass Screening Data - Nutrition Cluster, HDX
Coordinate System: Geographic Coordinates, WGS 84 datum.
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The boundaries and names on this map do not imply official endorsement or acceptance by the United Nations.

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