Key messages and recommendations

1. Under-nutrition in Malawi has substantial social and economic costs, altogether estimated to be as high as MK436 billion per year, or 10.3% of the country’s annual Gross Domestic Product (GDP).

   Recommendation: Nutrition should remain at the top on the Government’s development agenda. Accordingly, all relevant ministries, departments and agencies (MDAs), including education, health, agriculture and social welfare, should progressively increase allocations to nutrition in their program-based budgets (PBBs) in order to achieve Malawi’s vision of being a productive, resilient, inclusive and competitive nation.

2. The nutrition situation in Malawi has improved, but challenges remain such as poor feeding practices amongst children (aged 6-23 months), with only 7.8% having met the minimum acceptable dietary requirements as of 2016.

   Recommendation: The Government, donors and non-Governmental organizations are encouraged to ensure balanced investments in preventive, promotive and curative nutrition interventions towards holistic improvements in nutrition outcomes.

3. At MK3.5 billion, the identifiable nutrition budget allocation for FY2018/19 falls short of the estimated financial requirements of MK34.9 billion per year according to the Malawi Growth and Development Strategy (MGDS III).

   Recommendation: In FY2019/20, the Government is encouraged to review upwards its budget allocation to nutrition to at least MK7 billion, in order to make progress towards cost estimates in the Malawi Growth and Development Strategy (MGDS III).

4. There is no publicly available data on execution, efficiency and equity of nutrition spending.

   Recommendation: The Government is encouraged to institute a process to measure and improve efficiency and equity of nutrition spending through a public expenditure review (PER).

5. Only one District Council has a specific budget line on nutrition.

   Recommendation: Every District Council is encouraged to have specific budget lines on nutrition and enhanced livelihoods in order to boost community-level nutrition responses.

6. While there is a good enabling environment for the implementation of nutrition interventions in Malawi, there is no law that governs the food and nutrition sector, including financing, management and distribution of nutrition-related resources.

   Recommendation: The Government is encouraged to enact the Food and Nutrition Bill so that it becomes law by end of 2019.

7. Reducing chronic undernutrition requires a well-coordinated, resourced and multi-pronged approach, which underscores the need for inter-sectoral planning and budgeting.

   Recommendation: The Government should leverage existing national and local structures to enhance integrated planning, budgeting and service delivery in nutrition.
This Budget Brief analyses the extent to which the national budget for fiscal year (FY) 2018/19 addresses the nutrition needs of children in Malawi. The brief makes a case for improved quality of investments in nutrition to help achieve Malawi’s vision of a productive, resilient, inclusive and competitive nation. Considering the multi-sectoral nature of nutrition, the brief analyses budgets of several Ministries, Department and Agencies (MDAs). The analysis is based on a review of budget documents, especially Detailed Budget Estimates, Program Based Budgets (PBBs) and Consolidated Local Authorities PBB for FY2018/19. A review of nutrition-related policies, international reports, such as Cost of Hunger in Africa (COHA), and available literature on nutrition further augmented the analysis. Approved budget allocations as presented in the Detailed Estimates of Expenditures and Program Based Budget (PBB) were used for FY2018/19 while revised budget estimates were used for previous years.

The nutrition budget analysis entailed several steps. The first step was to conceptually define what should be counted as nutrition. A key aspect of this step was to list all possible nutrition interventions which should find expression in Government budgets. Interventions were categorized into two: nutrition specific and nutrition-sensitive. Specific interventions have, as their primary objective, to boost nutrition whilst sensitive interventions have other purposes, although they contribute to improved nutrition. Nutrition specific interventions with clearly identifiable budget lines are called 'direct budget lines'. The nutrition-specific interventions across the MDAs include management of severe acute malnutrition (SAM), school meals, deworming, micro-nutrient supplementation and community-based promotion activities. Agriculture and livelihoods programs are considered nutrition-sensitive, and described as indirect budget lines. The second step, was to map out and link identified interventions to relevant MDAs mandated with their delivery. MDAs considered herein are those with key nutrition-related responsibilities as outlined in the National Multi-Sectoral Nutrition Policy (NMNP) (2018) (See Table 1). Third, based on the above information, a line by line review of PBBs (Budget Document No. 5) and Detailed Estimates of Expenditures (Budget Document No. 4) for each of the identified MDAs was conducted to identify both nutrition specific and nutrition sensitive budget lines. The budget lines were tagged and data was entered into a spreadsheet. Considering difficulties in apportioning indirect budget allocations to nutrition (with no clear nutrition label), the analysis herein only focused on visible budget lines, majority of which are nutrition specific. The analysis covers three years from FY2016/17 to FY2018/19, with FY2016/17 used as the base fiscal year for trend analysis.
PART 2 CONTEXT AND OVERVIEW OF NUTRITION IN MALAWI

Malawi has developed robust policies and frameworks on nutrition, but their implementation faces funding challenges, amidst a demographic boom. In 2018, the Government launched the National Multi-Sectoral Nutrition Policy (NMNP) and Strategic Plan (2018-2022). The policy envisions a well-nourished Malawian population that effectively contributes to the economic growth and prosperity of Malawi. The Policy provides the framework within which sectoral and other strategic plans and budgets should be formulated, implemented, coordinated and monitored as shown in Figure 1. Malawi is part of the Scaling Up Nutrition (SUN) Movement, which is a global movement to end malnutrition in all its forms. Figure 1 also shows the evolution of nutrition coordination and policy frameworks, and the associated progress in the reduction of stunting.

Malawi is part of the Scaling Up Nutrition (SUN) Movement, which is a global movement to end malnutrition in all its forms.

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**Figure 1** Nutrition Coordination and Progress in Stunting Levels in Malawi

- Interministerial Food & Nutrition Committee muted
- Nutrition unit removed from EP&D
- Establishment of DNHA under OPC
- MGDS I (2006 - 2011)
- NNPSP (2007-2012)
- Joined SUN Movement in 2011
- Care group model promoted
- Galvanized multi-sectoral assault on stunting
- MGDS III (2017-2022)

Source: MDHS, MICS
The nutrition situation in Malawi has improved, but approximately 1.1 million (37%) children under five (U5) years are still stunted. This is a significant decline from 47.1% in 2010/11 as shown in Figure 3. However, stunting levels are still very high, and nearly 15 percentage points higher than the global average of 22.9% and 3 percentage points higher than the Eastern and Southern Africa Regional (ESAR) average of 34.1%. Malawi is among the ten ESAR countries, which account for 84% of stunted children in the region.

There is also a considerable rural/urban disparity in nutrition outcomes with much higher stunting levels among children in rural (39%) than urban areas (25%). In some districts – such as Mchinji, Dedza, Ntcheu, Neno, and Mangochi – stunting prevalence is beyond 40%.

Scale and coverage of maternal nutrition interventions remains low. A recent maternal nutrition landscape analysis showed that there is high prevalence of under nutrition amongst pregnant women. The Malawi Demographic and Health Survey (2015/16) estimates that about 15.6% of adolescent girls suffer from under-nutrition making them more vulnerable to developing complications during pregnancy and childbirth. Malawi has also not progressed much with regards to the implementation of the ANC guidelines developed by the World Health Organization (WHO).

Nutrition is high on the development agenda of the Malawian Government. The Malawi Growth and Development Strategy (MGDS) III recognizes that eliminating stunting and other forms of malnutrition is a necessary step for inclusive and sustained development. The Department of Nutrition, HIV and AIDS (DNHAI), housed in the Ministry of Health, was created to provide oversight and coordination of the national nutrition response. Considering that the causes of malnutrition are multi-faceted, the Government has instituted a multi-sectoral approach to nutrition programs that involves several players, as shown in Figure 2. The key sectors involved are Health, Education, Social Welfare and Agriculture with responsibilities as in Table 1.

Malawi is among the ten ESAR countries, which account for 84% of stunted children in the region.
Figure 2: The National Multi-Sectoral Nutrition Policy (2018-2022) Institutional Arrangement

OVERSIGHT
- Cabinet Committee on Social Development
- Parliamentary Committee on Nutrition, HIV and AIDS
- Principal Secretaries Committee on Nutrition, HIV and AIDS

POLICY/TECHNICAL COORDINATION
- Development Partners (Bilateral and Multilateral Donors)
- Multisectoral Technical Nutrition Committee
- Department of Nutrition, HIV and AIDS
  - Private Sector
  - Sectors (Local Government, Health, Agriculture, Gender, Education)
  - Civil Society Organisations
  - Academic and Research Institutions

OPERATIONAL
- District Councils (District Executive Committee and Council)
  - Area Development Committee
  - Village Development Committee
  - Care Group
  - Households
- District Nutrition Coordinating Committees
  - Area Nutrition Coordinating Committees
  - Village Nutrition Coordinating Committees

Poor feeding practices among children in Malawi contribute to malnutrition. As of 2016, only 7.8% of children (aged 6-23 months) consumed food that meets the minimum acceptable diet as shown in Figure 4. The rates of anaemia in children have marginally increased from 62.5% in 2010 to 62.6% in 2015/16. All of this points to a need to improve Infant Young Child Feeding (IYCF) practices. On a positive note, it is highly encouraging that Malawi has achieved significant reduction in Vitamin A deficiency from 59% in 2001 to 3.6% in 2016. Levels of wasting, or acute malnutrition, also declined from 4% in 2010 to 2.7% in 2016, which is five percentage points lower than the global average of 7.7%. Figure 5 presents a summary of key nutrition indicators in Malawi as of 2016.

Recurrent droughts, food insecurity, low household incomes, HIV, limited supply of health and WASH services and declining biodiversity are among the underlying causes of undernutrition in Malawi. Deep-rooted gender imbalances also place women at a disadvantage compared to men, especially in rural areas, further compromising their nutritional status – and their children’s as a consequence. Undernutrition reflects under-development and unequal access to resources, services and opportunities. It is also important to note that undernutrition in Malawi is not a problem limited to the poorest quintile alone. In fact, although stunting incidence is higher in poorest families, nutrition-related deprivations are widespread in all wealth quintiles.² This means that undernutrition should not be looked at only as a consequence of chronic poverty but a development challenge affecting people from different wealth quintiles.

Key Takeaways

- Addressing malnutrition is a key Government priority as reflected in the National Multi-Sectoral Nutrition Policy (NMNP) and Strategic Plan (2018-2022).

- Although strong multi-sectoral frameworks are in place to improve nutrition across the country, there remain massive gaps between implementation cost estimates and allocated budgets, which will adversely affect implementation.

- Investments must better focus on and prioritize evidence-based, cost-effective maternal and early child nutrition multi-sectoral interventions – e.g. improved feeding practices for infants and young children.

Figure 5  Key Nutrition Indicators in Malawi

Stunting among children  
37%  
(1.1 million)

Overweight among women  
21%

Anemia among women  
33%

Exclusive breastfeeding  
61%

Undernutrition among adolescent girls  
13%

Wasting among children  
3%

Source: MDHS (2015/16)
PART 3 SIZE AND TRENDS OF NUTRITION SPENDING

The total identifiable budget for nutrition programs has increased in recent years. In FY2018/19, a total of MK3.5 billion was identifiable as allocation to nutrition programs, up from MK2.8 billion allocated in the previous financial year. This is 22.8% higher in nominal terms and 10.7% higher in real terms. The significant increase in the nutrition budget was driven by the introduction of new donor-funded programs, including Nutrition and Access to Primary Education (MK1.45 billion) and Malawi Nutrition and HIV/AIDS Project (MK645 million).

At 0.24% of the total budget in FY2018/19, Malawi’s identifiable spending on nutrition lags behind the regional average of about 1.7%. Despite the very low priority given to nutrition, allocations to nutrition programs as a share of the total budget increased from 0.22% in FY2017/18 to 0.24% in the current financial year. In terms of GDP, the nutrition budget increased from 0.01% to 0.07% over the same time period. Malawi’s spending on nutrition as a share of its budget and GDP is significantly lower than that of Tanzania. A public expenditure review (PER) recently carried out in Tanzania showed that the nutrition sector budget allocation compared to the national GDP were 0.95% and 0.88% in 2014/15 and 2015/16, respectively.

Over the same period, nutrition allocations were 4.6% and 3.8% of Tanzania’s total budget.3

Current budget allocations to nutrition fall short of financial requirements. For instance, the FY2018/19 nutrition budget is only 10% of the FY2018/19 MGDS III annual financial requirements estimated at MK34.9 billion.4 The allocation is even lower when applying the unit cost estimates from the Copenhagen Consensus,5 which indicate that the Government would need to invest approximately MK44 billion per year to deliver a basic package of nutrition interventions to at least 37% of the children facing chronic malnutrition. Table 2 below shows the costs of a basic package of nutrition interventions based on calculations by the Copenhagen Consensus. An exchange rate of US$1:730 was used to change annual unit costs to Malawi Kwacha.

4 A basic nutrition package required to achieve MGDS III would cost an annual average of MK35 billion and a total cost of MK175.9 billion over the MGDS III life span.
5 The Copenhagen Consensus is a Think-tank (group of world-renowned Economists) that researches and publishes the smartest solutions to the world’s biggest problems, including nutrition. For more details, visit: https://www.copenhagenconsensus.com/
Nearly three-fifths (58%) of nutrition resources are spent through the Ministry of Health and Population (MoHP) delivery channels (Figure 8). In FY2018/19, MK2 billion of the nutrition resources will be channeled via MoHP, with MK1.09 billion for the Food and Nutrition Security Programme (FNSP) – a 56% decline compared to the MK2.5 billion allocated in FY2017/18. Most of the other resources (MK1.45 billion or just over 40%) are going through the Ministry of Education, mainly to support Nutrition & Access to Primary Education. The balance of nutrition spending will be channeled via the Ministry of Civic Education (1.14%) and MoGCDSW (0.38%). In terms of economic classification, about 90% (MK3.1 billion) of the total nutrition budget is for development projects (Figure 9). These include roll-out of nutrition enhancing interventions such as de-worming and vitamin supplementation.

Nearly all existing budget allocations to nutrition have gone down compared to FY2017/18. The increase in total nutrition budget is mainly because of new programs such as Nutrition and Access to Primary Education (NAPE). As shown in Table 3, four MDAs have visible nutrition budgets in 2018/19 (Table 3). Nutrition specific budget lines include: (i) Resilience, Livelihoods and Nutrition (Program 70.03) under the Ministry of Civic Education and Community Development (Vote 170); (ii) Food and Nutrition Security Programme under the Ministry of Health and Population (Vote 310); (iii) Nutrition and Access to Primary Education (NAPE) – Project 021 under the Ministry of Education (Vote 230); and (iv) Family Nutrition and HIV (Program 99.03) under the MoGCDSW (Vote 320). Lastly, it is important to note that only one District Council (Blantyre) has a budget line on nutrition.

### Table 2: Cost of a Basic Nutrition Package

<table>
<thead>
<tr>
<th>Type of intervention</th>
<th>Annual unit cost in US$</th>
<th>Annual unit cost in MK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Based Nutrition Programs</td>
<td>2.5</td>
<td>1,825</td>
</tr>
<tr>
<td>Vitamin A Supplement</td>
<td>1.2</td>
<td>876</td>
</tr>
<tr>
<td>Zinc Supplement</td>
<td>1.0</td>
<td>730</td>
</tr>
<tr>
<td>Multiple micronutrients</td>
<td>3.6</td>
<td>2,628</td>
</tr>
<tr>
<td>Deworming</td>
<td>0.3</td>
<td>183</td>
</tr>
<tr>
<td>Iron fortification</td>
<td>0.2</td>
<td>146</td>
</tr>
<tr>
<td>Salt iodization</td>
<td>0.1</td>
<td>37</td>
</tr>
<tr>
<td>Complementary foods</td>
<td>0.1</td>
<td>80</td>
</tr>
<tr>
<td>Management of SAM</td>
<td>8.1</td>
<td>5,935</td>
</tr>
<tr>
<td>Iron folic for pregnant women</td>
<td>2.0</td>
<td>1,460</td>
</tr>
<tr>
<td><strong>Total/per child/per year</strong></td>
<td><strong>19.0</strong></td>
<td><strong>13,899</strong></td>
</tr>
</tbody>
</table>

Source: Adapted from the Copenhagen Consensus (2012)

### Key Takeaways

- Identifiable nutrition budgets are significantly lower than average regional spending and annual financial requirements as costed under the MGDS III.
Nutrition outcomes differ amongst districts in Malawi. District level variations suggest different financial needs for nutrition programming. Moreover, the prevalence rates at district levels may mask significant variations in the absolute number of stunted children within a given district. For instance, Blantyre has one of the highest number of children under 5 who are stunted; however, due to the population size of the District, the prevalence is very low. By looking at prevalence rate alone, places such as Blantyre are usually not prioritized in program interventions.

Lack of disaggregation of data makes it difficult to undertake comprehensive equity analysis of budgets. It is not clear where exactly nutrition resources will be spent as the budgets do not show likely beneficiaries by age, gender or geographic location. Furthermore, some of the nutrition programs are lumped up with others, making it difficult to know how much exactly is spent on nutrition. For example, nutrition is lumped up with resilience and livelihoods under Program 70.03 under the MoCECD (Vote 170).

A majority of local authorities do not have specific budget lines on nutrition. This means that sub-national structures mainly depend on transfers from parent ministries and resources from development partners and communities to implement nutrition programs. In 2018/19, out of all local authorities in Malawi, it is only Blantyre District Council with a separate budget line on nutrition: ‘Resilience, Livelihoods and Nutrition’, Program 70.03.
Figure 8  Stunting Levels in Malawi by District (percent of children under five who are stunted)

MALAWI 37%

Source: MDHS (2015/16)
PART 6  FINANCING OF NUTRITION PROGRAMS

Nutrition programs in Malawi heavily rely on donor funding. In the current FY, MK3.19 billion is expected to come from donors with the Government contributing MK357 million. Donor funding represents 90% of the identifiable nutrition budget, which is a slight increase compared to the previous year (Figure 9). All the donor resources are for development programs with Government funding supporting recurrent programs.

A considerable amount of nutrition resources are off-budget, but the exact amounts are not known. Off-budget resources include school feeding programs, vitamin supplementation and agriculture programs implemented by local and international NGOs. Looking at the number of nutrition programs implemented by NGOs alone, it is likely that figures reflected in Government budgets for nutrition interventions might be significantly lower than funds actually invested since not all donor and civil society expenditures are reported in the Government budget.

Key Takeaways

- District disparities in nutrition indicators require further investigation, the results of which should inform nutrition planning and budgeting for better targeting and increased efficiency of spending.

- Nutrition planning and financing should take into consideration poor children in urban areas. Although prevalence rate may be low, absolute numbers of stunted children are usually high in urban and peri-urban areas.

- Ongoing fiscal decentralization is an opportunity for the Government to increase district level spending on nutrition. Local authorities should therefore be encouraged to have a dedicated budget line in PBBs.

Figure 9  Proportion of Nutrition Budget by Funding Source

Source: Government Budget Documents (FY2016/17-2018/19)
PART 7 NUTRITION GOVERNANCE AND POLICY CHALLENGES

a) Food and Nutrition Bill

While there is a good enabling environment for the implementation of nutrition interventions in Malawi, there is no law that governs the food and nutrition sector, including financing, management and distribution of nutrition-related resources. Sustaining the gains in nutrition requires strengthening nutrition governance. Therefore, the Government is encouraged to speed up the approval of the Food and Nutrition Bill so that it becomes law by end of 2019. The Bill was submitted to a cabinet committee for review.

b) Role of Communities

The establishment of multi-sectoral district food and nutrition committees, which go down to the ANC level, has enabled the participation of communities in nutrition planning and budgeting. Moving forward, a key challenge is to ensure that all District Councils include nutrition in their district development plans (DDPs). Local level initiatives such as Community based management of acute malnutrition, nutrition care and support, and nutrition during pregnancy also play key roles. Whilst community resources can be mobilized, NGOs and local authorities should also provide human, technical and financial resources to support these structures.

c) Efficiency of Nutrition Spending

Very little is known about the efficiency and equity of nutrition expenditures in Malawi. In this regard, there is need to institute a process to measure efficiency, equity and transparency of nutrition spending, including through public expenditure reviews and other financial diagnostics. Drawing inspiration from regional comparators, such as Tanzania, it may be time for Malawi to consider undertaking a public expenditure review (PER) of nutrition.

d) Inter-sectoral linkages in planning and budgeting:

Reducing chronic undernutrition requires a well-coordinated, resourced and multi-pronged approach, which underscores the need for inter-sectoral planning and budgeting. For example, there is scope for promoting nutrition-sensitive social protection programs in Malawi by applying a nutrition lens to targeting of social protection programs’ beneficiaries, and by considering the nutritional vulnerability of individuals within households in addition to household-level criteria. There are also potential linkages with WASH and Health sectors. Significant potential linkages also exist with the WASH and health sectors as poor hygiene and sanitation contribute to poor health and nutrition outcomes. Furthermore, gender and education have been found
to be strong drivers of undernutrition; therefore, empowering women is key in improving nutrition outcomes. Other sectors such as trade are also important, considering issues such as food standards as defined and protected by the Malawi Bureau of Standards (MBS).

### PART 8 CONCLUDING REMARKS: WHY DOES NUTRITION MATTER FOR MALAWI?

The social and economic costs of under-nutrition in Malawi are substantial. For instance, the total annual cost incurred by Malawi as a direct consequence of increased morbidity due to malnutrition is estimated at US$46 million. Malnutrition is also associated with poorer education outcomes; Malawi faces costs equal to US$14 million yearly due to repetitions in years of learning. Overall, it is estimated that Malawi loses about US$597 million (or 10.3% of its GDP) due to malnutrition.6

Good nutrition is at the foundation of children’s well-being and is critical to achieving full physical, intellectual and human development potential as well as fostering macroeconomic growth. Investments in nutrition, especially in the first 1000 days in the life of a child yield significantly high mental, psycho-social and economic returns both immediately and over one’s lifetime.7 Improving early child nutrition is also linked to lower risk of developing chronic diseases in adulthood, which are costly and complex to manage, especially in resource poor settings. Public investments in nutrition should therefore be viewed not only as a social development strategy but also as a central plank in the country’s economic development.

Public investment in nutrition is empirically cost beneficial. Based on calculations by the Copenhagen Consensus,8 an investment of MK730 (US$1) per year has the potential to generate a life time return of at least MK21,900 (US$30) in Malawi.9 The International Food Policy Research Institute (FPRI) has also estimated that every dollar spent on Vitamin A generates economic benefits of US$40 or more. Similarly, every dollar spent on iron supplements for mothers and children aged 6 to 24 months potentially generates US$24 in economic returns.10 The provision of micronutrients, such as Vitamin A and zinc, was found to yield returns of at least US$30 per every dollar invested.11 Lastly, using figures calibrated from the Cost of Hunger in Africa (COHA) Report, an investment of MK1 is estimated to reduce costs of inaction by MK8.

Good nutrition generates enormous streams of economic and social benefits to children and families in Malawi. Children with good nutrition live longer, perform better in school and are likely to grow into more productive adults that can contribute to economic growth and development in Malawi.12

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7 In 2012, the Copenhagen Consensus (Global Think Tank, based in Copenhagen) identified investment in nutrition as one of the most effective ways of advancing global warfare with demonstrable benefits in both the short term and long term.
8 Copenhagen Consensus, 2012, Hunger and Undernutrition, Copenhagen
9 Copenhagen Consensus, 2012, Hunger and Undernutrition, Copenhagen
11 Copenhagen Consensus, 2012, Hunger and Undernutrition, Copenhagen.
Malawi. For example, girls who are well nourished, attain on average 1 to 2 more years of schooling than those who are not. A study in Guatemala found that children who had received nutritional supplements scored 8% higher in intelligence tests, and 17% higher in reading than those who had not.12 Each added centimeter of adult height due to improved nutrition is associated with an almost 5% increase in wage rates.

Good nutrition also contributes to breaking the intergenerational cycle of multi-dimensional poverty, under-development and inequality, all of which are key development challenges in Malawi. Evidence from several countries converge on the view that improved nutrition has potential to stimulate productivity and spur economic growth in both rural and urban settings.13 Studies have also shown that improving the nutrition of girls and women could help prevent chronic diseases in future generations. For example, low infant weight, and rapid childhood weight gain has been found to increase the risk of type 2 diabetes, whose effects can last for a lifetime.14 Nutritional support for adolescent girls in Malawi should be prioritized given that the prevalence of undernutrition is high among the cohort at 15.6%.

Improvements in nutrition can help significantly reduce public health expenditures. Estimates by the COHA report revealed that if the Government of Malawi successfully reduces undernutrition by 1.85 percentage points every year it will save approximately US$62 million dollars annually. The savings would increase to US$86 million at a 2.85 percentage points reduction.15 Total number of deaths in under five children in Malawi can be reduced by almost 15% if Malawians access key evidence-based nutrition interventions.16

Improvements in nutrition will contribute to improved household resilience and the competitiveness of Malawi as a nation. Numerous studies, some of which have been highlighted above, have shown that persons with good nutrition are more resilient, perform better in their daily lives, in school and at work. Well-nourished children are confident, stay longer in school, and are likely to earn more in the future and, consequently, they contribute to more to a country’s broader economic performance. It is therefore difficult for Malawi to achieve its development vision of a resilient, productive, inclusive and competitive nation without tackling chronic undernutrition, which affects nearly half of its children.

13 UNSCN, (2017), By 2030, end all forms of Undernutrition and leave no one behind, [Discussion Paper] New York, UNSCN.

Key Takeaways

- Improvements in nutrition carry multiple social and economic benefits for national development, and the costs of inaction to the economy and society are significant.
- Investing in Nutrition is “smart economics” – with significant potential to contribute to improved household resilience and building the competitiveness of Malawi.

Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Nutrition</td>
<td>The intake of food, considered in relation to the body's dietary needs. It is the science that interprets the interaction of nutrients and other substances in food in relation to maintenance, growth, reproduction, health, and disease of an organism.</td>
</tr>
<tr>
<td>Stunting</td>
<td>Impaired growth and development that children experience from chronic poor nutrition, repeated infection, and inadequate psychosocial stimulation. Put simply, stunting is defined as lower than average height for a child’s age.</td>
</tr>
<tr>
<td>Wasting</td>
<td>Low weight-for-height. It is usually the result of acute significant food shortage and/or disease.</td>
</tr>
<tr>
<td>Development (Part I)</td>
<td>Share of the budget for long-term public investments contributed by donors.</td>
</tr>
<tr>
<td>Gross Domestic Product (GDP)</td>
<td>Total value of goods and services produced by a country in a given year.</td>
</tr>
<tr>
<td>Nominal change</td>
<td>Changes in budget allocations which do not factor in inflation.</td>
</tr>
<tr>
<td>Other Recurrent Transactions (ORT)</td>
<td>Budget for day-to-day items such as office supplies, fuel, utilities, routine maintenance and other operations.</td>
</tr>
<tr>
<td>Personnel Emoluments (PE)</td>
<td>Salaries, wages, allowances and other staff entitlements.</td>
</tr>
<tr>
<td>Real change</td>
<td>Changes in budget after adjusting for inflation.</td>
</tr>
</tbody>
</table>

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For more information, contact:

Sangita Jacob Duggal
Chief of Nutrition
sjacob@unicef.org

Beatrice Targa
Chief of Social Policy
btarga@unicef.org