



# ONSE NUTRITION FACTS



The **Organized Network of Services for Everyone's (ONSE) Health Activity**, USAID's flagship health program, is led by Management Sciences for Health (MSH) and implemented in 16 out of 28 districts in Malawi. ONSE enables District Health Management Teams to govern, lead, and manage health services; deliver high-impact interventions that reduce maternal, newborn, and child mortality and morbidity rates; and improve quality of services.

## Community Management of Acute Malnutrition (CMAM)

**CMAM:** This approach serves to distinguish those severe cases of acute malnutrition who require in-patient care from those who can be effectively managed in their homes through community-based care. CMAM has four components: 1) active case finding through community outreach and mobilization; 2) management of moderate acute malnutrition; 3) management of severe malnutrition without complications, and 4) management of severe acute malnutrition with complications at nutrition rehabilitation units.

**Baby-Friendly Hospital Initiative (BFHI):** Adopted by Malawi in 1992, this WHO/UNICEF-recommended initiative ensures that facilities providing maternity services become centers for breastfeeding support providing quality care for women and newborns.

## The Challenge: Malnutrition in Malawi



Malnutrition, specifically undernutrition, remains a challenge in Malawi. Large numbers of Malawian children (37%) suffer from stunting. Many more suffer from other forms of malnutrition and experience lifelong consequences, including increased risk of mortality and future illness.<sup>1</sup> Malawi has made progress in combating chronic undernutrition: the 2015-16 Malawi Demographic Health Survey shows a decrease in stunting, from 47% in 2010 to 37% in 2015-16. Nonetheless, challenges remain. While nearly all Malawian children (98%) are breastfed at some point, the percentage of exclusively breastfed children declined from 72% in 2010 to 61% in 2015-16. Furthermore, the percentage of children under 5 years old who are anemic has remained at 63% from 2010 to 2015-16, while 33% of women of childbearing age (15–49 years) are anemic, an increase from 29% in 2010.

**Nutrition Interventions:** ONSE implements nutrition interventions in 11 districts, which includes 261 health facilities with 44 nutrition rehabilitation units, 247 outpatient therapeutic program sites, and 207 supplementary feeding program sites, collectively known as Community Management of Acute Malnutrition (CMAM) sites

## ONSE's Approach

ONSE builds the skills of service providers to ensure quality nutrition interventions, education, and counseling; supports the coordination and review of nutrition programs; and collaborates on the development and distribution of key nutrition messages.

Activities include:

- **Build the capacity of health care providers** to deliver CMAM services as part of regular health services and expand BFHI across health facilities.
- **Integrate nutrition within routine maternal and newborn health services**, including growth monitoring, growth promotion, and micronutrient supplementation.
- **Support service providers** to facilitate nutrition rehabilitation units and BFHI activities through a quality improvement approach that seeks to identify gaps and solutions and monitor successful implementation of interventions.
- **Strengthen community care groups** to provide growth monitoring growth promotion, micro-nutrient supplementation, and nutrition assessment at hard-to-reach areas through integrated family health outreach clinics and community health action groups.
- **Support water, sanitation, and hygiene** activities to prevent diseases that have an impact on nutritional status.

<sup>1</sup> <https://documents.wfp.org/stellent/groups/public/documents/newsroom/wfp274603.pdf>



In the 11 districts ONSE supported....

**1.3 MILLION CHILDREN**  
**and 1.1 MILLION WOMEN**  
were reached with nutrition interventions,  
including breastfeeding counseling and  
support, between 2017 and 2020.

**PREGNANT** women reached  
with nutrition activities:

In 2017 = 373,500+

In 2020\* = 288,800+

**CHILDREN** under 5 reached  
through the CMAM approach:  
In 2017 = 19,200+  
In 2020 = 38,000+

**CHILDREN** under 5 reached  
with all nutrition activities:  
In 2017 = 53,600+  
In 2020 = 116,190+

## ONSE Nutrition Interventions Results

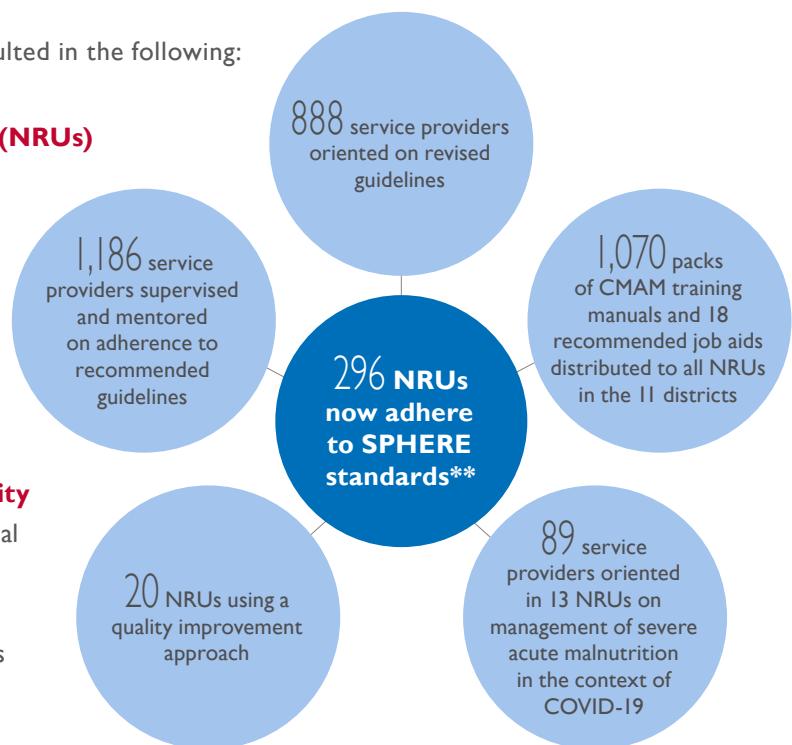
By September 2020, ONSE nutrition interventions resulted in the following:



**CMAM: 296 nutrition rehabilitation units (NRUs) and outpatient therapeutic program sites**  
maintained a global SPHERE for managing severe acute malnutrition; consequently, **9,603 and 29,598 women and children** were reached, respectively.



**BFHI: 209 service providers** supervised this initiative, while **185 health workers, 107 support staff, and 94 members of community support groups** received an orientation. External assessments were supported for **3 hospitals, 2 of which were recognized as baby-friendly**, pushing the total number of baby-friendly facilities in the **11 districts to 5**.



\* Note: regarding why the number of pregnant women reached in 2017 was higher than in 2020: Assumption is that COVID-19 affected the number of women attending maternity services where health facilities were seen as high-risk areas for contracting the disease.

\*\* SPHERE standards: Set of principles and minimum standards in four technical areas of humanitarian response: water supply, sanitation, and hygiene promotion; food security and nutrition; shelter and settlement; and health