Save the Children

INTERNATIONAL FOOD POLICY RESEARCH INSTITUTE IFPRI

empatika

DEVCONSULT

THE POWER OF nutrition

Maternal and child nutrition and development in Balaka and Ntcheu districts

FINDINGS FROM MAZIKO INCEPTION STUDIES

SUMMARY OF KEY FINDINGS

MAZIKO is a five-year integrated Maternal and Child Grant pilot project targeting mothers and children under five years in eight Traditional Authorities in Balaka and Ntcheu districts. The aim of the project is to improve child growth and development by combining government recommended multi-sectoral social and behaviour change, and capacity strengthening interventions, with monthly cash transfers to improve maternal and child nutrition and development outcomes.

In the first year of the programme, several qualitative and quantitative studies were conducted to inform the design of the project. These included a) a baseline quantitative survey targeting 2,686 households with a pregnant woman or child under 2 years in 262 villages; b) a qualitative study, using immersion research and people centered design approaches in 12 households with a pregnant woman or child under 2 years; c) a district capacity assessment to identify bottlenecks in service provision for nutrition and early child development; and d) a Cost of the Diet study to estimate the cost and affordability of a nutritious diet and the role that cash transfers can play to reduce the affordability gap. All studies were done in Ntcheu and Balaka, while the Cost of Diet study used national data. Key findings across the studies are summarised below, followed by more detailed findings for each study.

CHILDREN'S NUTRITION AND DEVELOPMENT

Thoko Chikondi

31% OF CHILDREN UNDER 2 YEARS ARE STUNTED

- **Stunting:** 31% of children under 2 years are stunted, 8% are underweight and 1.4% are wasted.
- **Breastfeeding:** 77% of women reported exclusively breastfeeding however qualitative research suggests that early introduction of liquids and food may be more common than reported, as women believe they don't produce enough milk and that their milk isn't good enough.
- **Diet diversity:** Only 16% of children aged 6–23 months had a "diverse" diet (minimum diet diversity), less than 50% were fed frequently enough for their age (minimum meal frequency), and only 9% had an adequate diet for their age (minimum acceptable diet). Diets are influenced by what households can grow and purchase, which is limited. Family meals generally consist of maize (twice per day) with overboiled green leaves, so nutrients are lost. Families are mostly focused on alleviating hunger.

Save the Children

ONLY 9% OF CHILDREN HAVE AN ADEQUATE DIET

- **Play and stimulation:** Childcare is seen as the mother's responsibility and is limited to basic care because mothers are tired and overstretched. The main stimulation activities mentioned in the baseline survey were singing songs (41%), chatting with the child while doing a task (54%) and physical games (42%). 12% of mothers reported physically punishing their child.
- **Hygiene:** Diarrhoea is very common but not considered dangerous and rarely "treated". The hygiene situation in most households is very poor – no water and soap for handwashing, livestock roaming around, unsafe disposal of babies faeces.

MATERNAL HEALTH AND NUTRITION

- **Maternal diets and nutrition:** Adequacy of micronutrient intake from the diet in mothers was generally low across 11 key micronutrients considered, and only 14% of mothers consumed at least 5 out of the 10 Minimum Diet Diversity in Women (MDDW) food groups the previous day. Only 5% of women were underweight and nearly 20% were overweight.
- **Adolescent nutrition:** 10% of mothers were under 18y old and younger mothers were more likely to be underweight (10% vs 5%). Having a first child at 15-16y old is considered normal and not seen as risky. Adolescent mothers tend to be poorer, more dependent on husbands financially and struggle more to find food and care for their child.

Jonas Gratzer/Save the Children

26% OF MOTHERS HAVE DEPRESSIVE SYMPTOMS

- **Maternal mental health:** 26% of women experience depressive symptoms, with common symptoms including headaches (54%), easily tired (43%), feeling worried (42%) and feeling unhappy (32%). Women feel overwhelmed with chores and childcare, are stressed, feel undervalued and have no time to care for themselves.
- **Health services:** Most women reported attending antenatal clinic at least once during their pregnancy (86%). However, many don't want to attend again because of the distance, cost and health worker attitudes – talking down to them or fining them if they come without their husband.
- **Gender equality:** 32% of households are female headed. Fathers are often absent, and when present are usually disengaged, with household chores and childcare seen as the mother's responsibility and not socially acceptable for men.

FOOD SECURITY AND LIVELIHOODS

Fredrik Lerneryd/Save the Children

THE COST OF A NUTRITIOUS DIET INCREASED BY 25%

- **Affordability of nutritious food:** The cost of a nutritious diet increased by 25% between April 2021 and May 2022. A poor household would need $52 per month extra to meet the nutritional needs of the entire household, and $17 per month to meet the nutritional needs of the mother and child during the first 1,000 days.

- **Household food expenditures** accounted for 55% of total expenditures. Most households grow their own food and food consumption is largely dependent on what they grow which is not enough to meet their needs and does not last the whole year.
- **Climate shocks:** 85% households had experienced loss of crops due to droughts or floods in the previous 12 months.
- **Social assistance:** Only 3.2% of households received any cash assistance in the previous 12 months. The most common types of social assistance were in-kind transfers or subsidised inputs such as mosquito nets (47%), agricultural inputs (43%), school feeding (22%) and water purification for home use (20%).

Thoko Chikondi/Save the Children

85% HOUSEHOLDS LOST CROPS DUE TO DROUGHTS OR FLOODS

ENABLING ENVIRONMENT

A review of the district level capacity and resources revealed that while relevant policies and structures exist, implementation of recommended nutrition and early child development services is challenging due to limited funding, poor coordination, high staff turnover and inadequate use of data for decision making.

CONCLUSION AND RECOMMENDATIONS

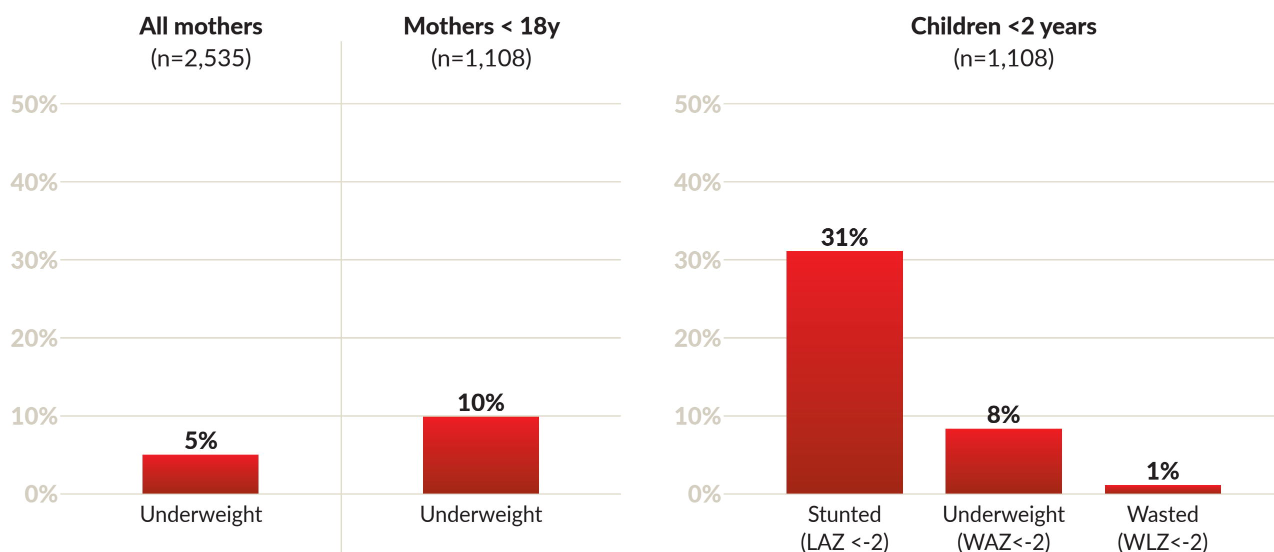
These findings confirm the importance of using a multi-sector approach to improve maternal and child nutrition and development, that address the key drivers of malnutrition and poor child development. In Ntcheu and Balaka, these include poverty, food insecurity, poor access to nutritious foods, gender inequality, maternal mental health, low access to quality services, poor hygiene and inadequate infant and young child feeding practices. While Malawi has strong multi-sector policies and strategies to address most of these drivers, implementation is hampered by lack of resources, poor coordination across sectors, and insufficient evidence on the best combination of interventions and approach to integrate them at district and community level. The purpose of MAZIKO is to implement and evaluate a multi-sector package of government recommended interventions, combined with maternal and child cash transfers to the main drivers of stunting and poor child development and generate evidence to support scale up.

BASELINE SURVEY – QUANTITATIVE

The MAZIKO baseline survey was conducted by IFPRI and Palm Consult Ltd Malawi, between May and June 2022, to provide baseline data for a cluster randomised trial designed to evaluate the impact of the MAZIKO interventions[1]. 2,686 households with a pregnant woman or a child under 24 months of age were randomly selected from 262 villages in the MAZIKO target Traditional Authorities in Balaka and Ntcheu districts. 49% of women surveyed were pregnant and 9.6% were under 18 years old. 32% of households were female headed and 66% of heads of households had only primary education. The survey covered several modules including maternal and child nutritional status, child development, maternal mental health, maternal and infant and child nutrition and diets, childcare, households' expenditures, agricultural production, impact of shocks, gender parity in the household, and use of services.

MOTHERS AND CHILDREN'S NUTRITIONAL STATUS

The charts below show the proportion of women and children that were malnourished and had a lower than average child development score. 5% of women were underweight and 23% were overweight or obese. These percentages are likely influenced by the fact that nearly 50% of women were pregnant. Women under 18y old were more likely to be underweight. 31% of children under 2 years old were stunted and 6% had a MDAT (child development score) that was considered low when compared to the overall sample (not a reference "healthy population" sample as is the case for stunting). The proportion of children low MDAT score was higher (11%) in Ntcheu, compared with Balaka (4%).



Note: underweight (BMI<18.5)

MATERNAL DIET AND ANTENATAL CARE (ANC)

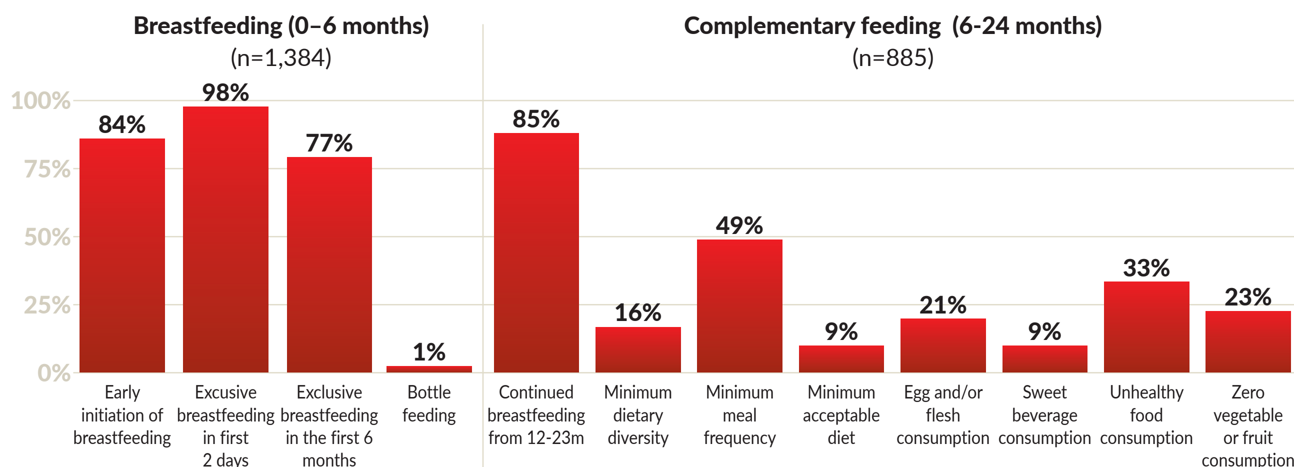
The table (right) shows that women have poor diets, with only 14% meeting consuming at least 5 of the recommended 10 food groups. It also shows that most women (86%) attend at least one ANC clinic and around 23% experience a pregnancy complication – the most common one is malaria (50%).

Maternal diets (n=2,646)	
Average Kcal intake	2,484
Diet Diversity[1]	14%
Nutrient adequacy[2]	18%
Antenatal care (n=2,673)	
Attended ANC at least once	86%
Experienced a pregnancy complication	23%
Main pregnancy complications (n=601)	
Malaria	50%
High blood pressure	35%
Draining Liquor[3]	27%
Anaemia	17%
Haemorrage	13%
What was measured at ANC (n=2,673)	
Weighed	87%
Measured height	33%
Measured blood pressure	71%
Urine sample	25%
Blood sample	81%

[1] Consuming >= 5/10 food groups
[2] Mean probability of nutrient adequacy
[3] Leaking amniotic fluid

INFANT AND YOUNG CHILD FEEDING

The following bar charts shows the proportion of children reportedly benefiting from recommended infant young child feeding practices. They that exclusive breastfeeding (reported) is high, however complemenary feeding practices are poor with only 16% of children meeting minimum diet diversity standards, 49% being fed to the appropriate frequency and 9% having an acceptable diet for their age.



Note: The sample size for bottle feeding was 1,376

Note: The sample size for continued breastfeed from 12–23m was 553

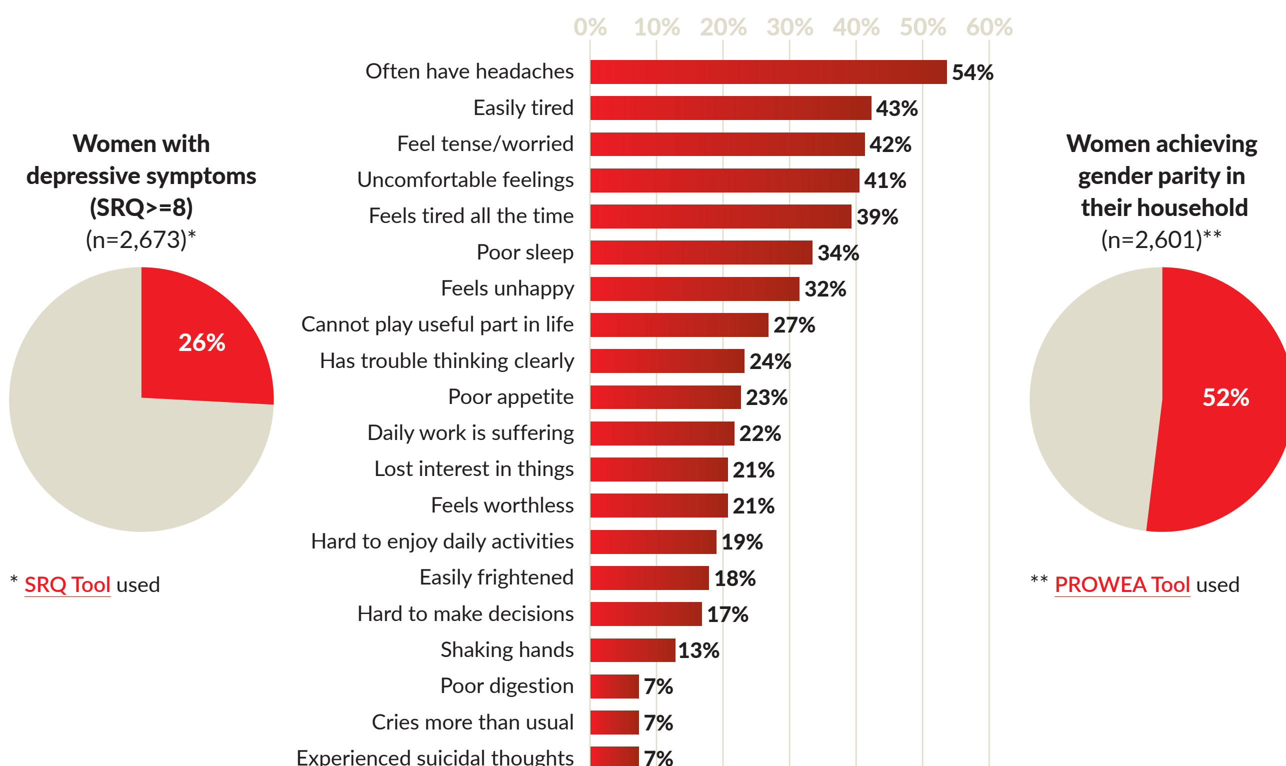
FAMILY CARE INDICATORS

The table (right) describes the early child development (play and stimulation) practices from the MDAT's family care questionnaire. It shows that young children (under 2 years) mostly play with household objects (52%) or homemade toys (21%) and that most households (98% have no books. Although it must be noted that these children were under reading age. It also shows that the most common stimulation practices are chatting to child during tasks, singing and playing with child outside, with a relatively high proportion of children (noting these are under 2y) experiencing negative discipline methods.

Does the child play with...? (n=1,392)	**%**
Plays with household objects	52%
Plays with homemade toys	21%
Plays with manufactured toys	15%
How many children's books or picture books do you have?	
No books	98%
In the past 3 days, has anyone in the household...	
Chatted with child while doing chores	63%
Took child outside the home	54%
Played at physical activities	42%
Sang a song, including lullabies	41%
Looked at books	6%
Told stories	3%
Negative discipline used in the last month...?	
Shouted at them	37%
Physically punished	12%

WOMEN MENTAL HEALTH AND GENDER PARITY

The following graph shows depressive symptoms women are experiencing (uing the SRQ questionnaire) and their gender parity score (using the PROWEA tool). Overall, 26% of women have depressive symptoms with the most common ones including headaches, feeling tense or worried, having uncomfortable feelings, feeling easily tired.



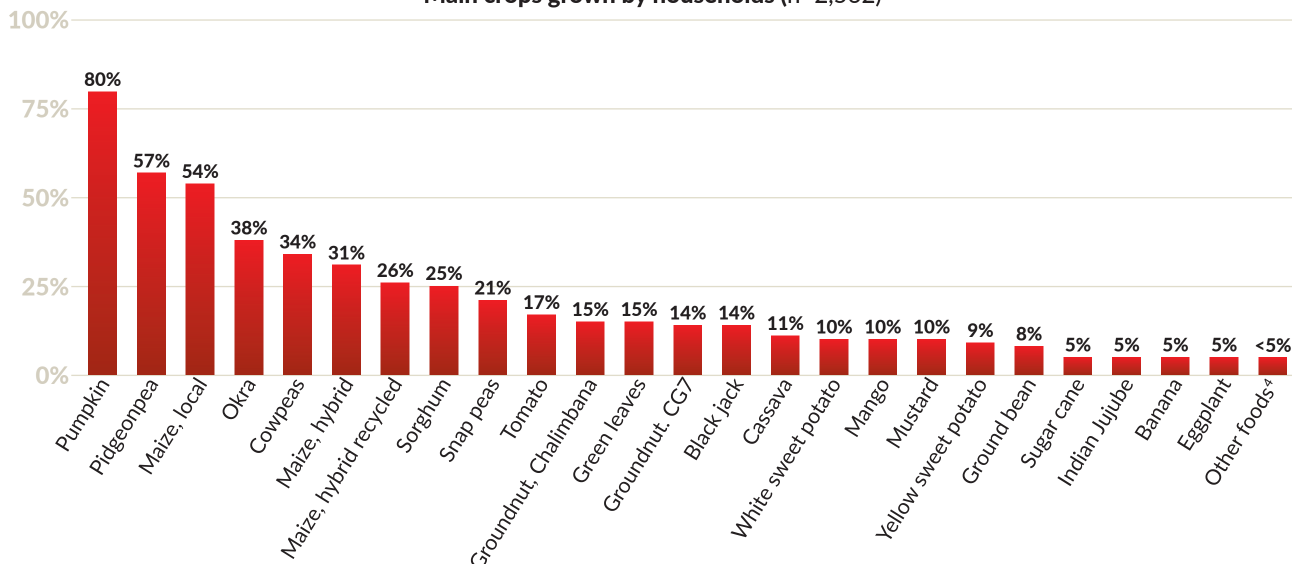
* SRQ Tool used

** PROWEA Tool used

AGRICULTURAL PRODUCTION

This table/graph shows what foods are being produced by households, with maize, pumpkin leaves, pumpkin and pidgeon peas as the most common crops grown by households.

Main crops grown by households (n=2,562)



[4] Rice, tobacco, mushroom, plantain, finger millet, soyabean, pearl millet, cotton, paprika, pea, cabbage, onion, papaya, avocado, custard apple, orange, tangerine, lemon, peach, Mexican apple, chilli.

HOUSEHOLD EXPENDITURE AND SOCIAL ASSISTANCE[5]

The table (right) shows that the monthly per capita household expenditure (an indicator of household income) is only USD 10 and that half of this amount (55%) is spent on food. The table also shows that only 3% of households are receiving cash transfers, with most assistance being in kind (mosquito nets, school meals, seeds, etc).

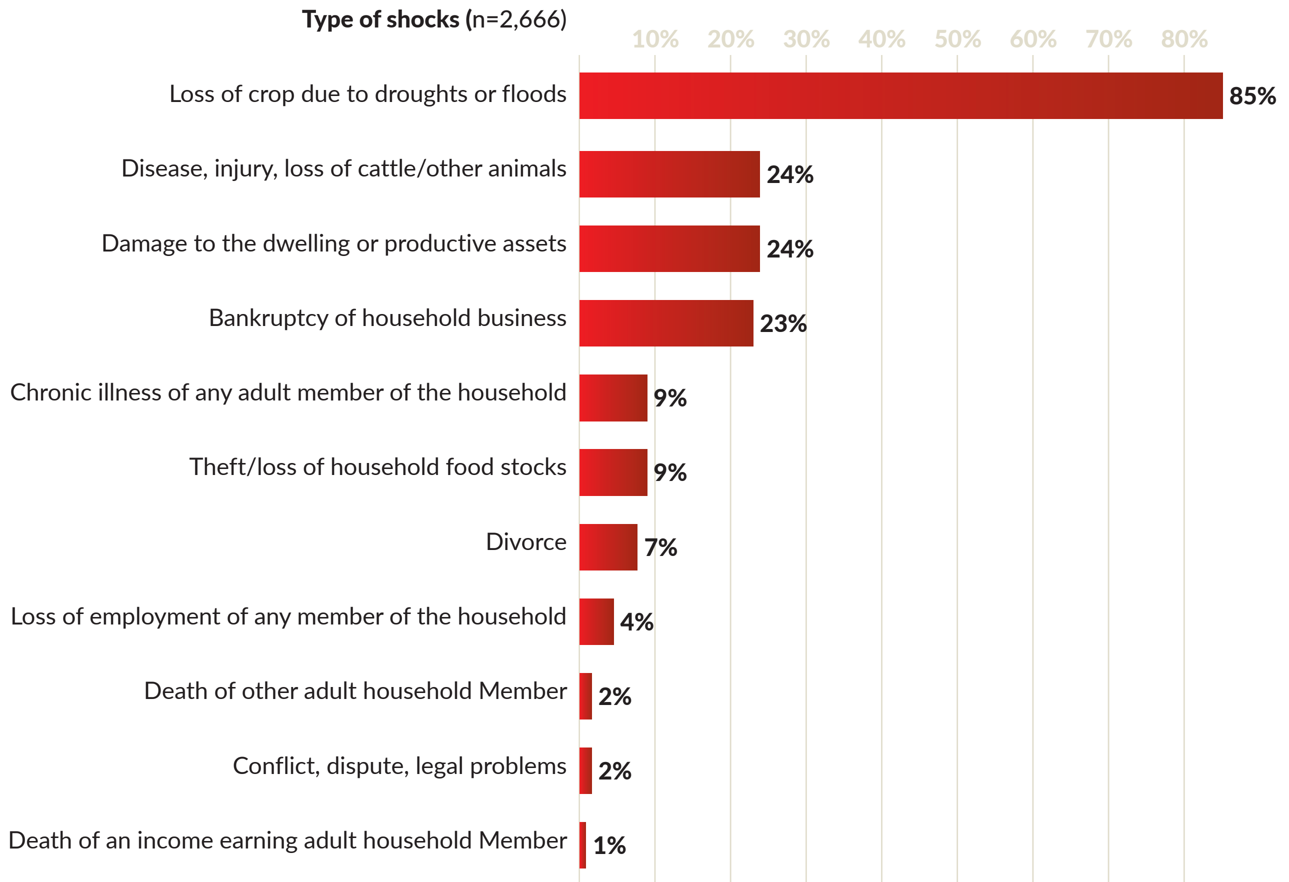
Expenditure (n=2,562)	
Total household expenditure (per capita per month)	MWK 9,383 (USD 10.3)
Household expenditure on food	55%
Type of assistance[6] (n=2,665)	
Mosquito nets	48%
AIP (Affordable Inputs Program)	43%
School feeding program, primary	22%
Water purification for home use	21%
Seeds	16%
One time food assistance	14%
Remittances from within or outside Malawi	14%
School feeding program, preschool	6%
Health outreach/training	5%
Cash for work programs	4%
Cash transfer	3%

[5] This includes assistance provided from multiple sources, including government, non-government, non-governmental organisations and informal assistance from community or relatives.

[6] Other types of assistance received (by less than 5%, excluding cash transfers) include food rations (1%), specialized foods (1%), other agricultural inputs (0.1%), clothes (3%), credit from microfinance (1%), vocational training (2%), food for work (1%),

HOUSEHOLDS EXPERIENCING SHOCKS IN THE LAST 12 MONTHS

The figure below shows different shocks households have experienced in the past 12 months. The most common shocks are losing crops due to droughts or floods (85%). Other common shocks include loss of livestock (24%), damaged dwelling or assets (24%) or bankruptcy (23%).



85% OF HOUSEHOLDS EXPERIENCED LOSS OF CROPS DUE TO DROUGHTS OR FLOODS

Save the Children

IMMERSION RESEARCH AND PEOPLE DRIVEN DESIGN

Between February and June 2022, Save the Children with support from Empatika conducted formative research to inform the design of the MAZIKO Social and Behaviour Change (SBC) approach. This was an "Immersion" research based on Empatika's Reality Check Approach which involves living with people in their own homes and sharing in their everyday lives to have deeper understanding of their daily practices and challenges. Save the Children and District researchers trained by Empatika spent four days and nights living in households with a pregnant woman or a child under 2 years. Twelve households were visited in total, across Ntcheu and Balaka districts, with interactions with a total of 378 (95 males and 283 females) community members. The research identified the following key issues and priorities:

Maternal Wellbeing: Women are overwhelmed with chores and childcare, are stressed, feel undervalued and have no time to care for themselves (rest, eat, personal hygiene). It affects their health, milk production, caregiving (stress is offloaded on children), wellbeing and relationship with their husband. Fathers are often absent and disengaged. Household chores, childcare, accompanying wife to health centre is not seen as socially acceptable by men or adolescent boys.

A typical meal of *nzima* (maize) and boiled leaves.

Save the Children

Exclusive Breastfeeding: Most women breastfeed but introduce porridge or liquids early (e.g. at 2 months) because they think they don't produce enough milk, or their milk isn't good enough. Most women don't know what affects milk production (rest, own nutrition, breastfeeding), or the dangers of introducing other foods and liquids too early (diarrhoea, malnutrition).

Save the Children researcher weeding with host mother.

Diet Diversity: Diets are influenced by what households can grow and purchase, which is limited. Families usually only eat two meals per day which consist of a maize porridge with overboiled green leaves (mustard, pumpkin, moringa and Amarantha). Leaves added are usually overboiled (so nutrients are lost) and include a large quantity of salt. Households are focused on alleviating hunger, rather than having a nutritious diet. Fruit, insects, mice are eaten as snacks, but livestock is not consumed, and used as a saving or given to guests instead. The six recommended food groups are seen as neither available nor affordable. Pregnant and breastfeeding mothers and young children eat from the family plate and are not prioritised or encouraged to eat more or eat the more nutritious foods.

Childcare and stimulation: Childcare is mostly the mothers' responsibility, and is limited to basic care (which includes feeding, bathing, cooking for the child, changing and washing clothes or nappies, ensuring child is safe from harm, provision of emotional support and seeking health or medical care), with little extra and intentional play and stimulation, as they are tired and overstretched. Other carers include older siblings and grandmothers, but young children spend a lot of time without supervision. Interaction is focused on telling or instructing children (eat more, stop crying, go to sleep) rather than responsive two-way interaction.

Hygiene and diarrhoea: Diarrhoea is very common but not considered dangerous and not "treated"- children are not given more fluids or rehydration salts. There are no handwashing facilities, soap is rarely used, nappies are washed in streams, there is no proper disposal of baby faeces and livestock are roaming around leaving droppings near homes. Young children are likely ingesting pathogens daily from animal faeces, when crawling around and putting contaminated soil, objects, hands in their mouths, causing diarrhoea and chronic gut inflammation which in turn causes malnutrition as they cannot absorb nutrients. There is no clear understanding of contamination pathways (animal or human faeces to baby's mouth) and the link with child health.

Early Pregnancy and adolescent nutrition: teenage pregnancy is very common. It is normal to have a first child at 15-16y, after finishing primary school and it is not considered risky for the girl or the child. Few adolescent girls attend secondary school due to the cost of transport and boarding and because there are no role models in their family. Adolescent mothers face more challenges – they are poorer, more dependent on husbands financially, struggle more to find food and care for their child, and they must live with the paternal or maternal mother.

Food security and Livelihoods

Diets are influenced primarily by what households can grow (maize, ground nuts and green leafy vegetables), followed by what can be obtained locally (found, traded for, or purchased affordably). Many families do not grow enough to meet their needs and preserved food stocks do not last the whole year. January-March are the most difficult "lean" times when they rely on cash earned from piece work, sent by relatives or by selling small amounts of their own staple food. Fertiliser is seen as key to help them produce more, especially with declining soil fertility so they will prioritise fertiliser purchase.

Use of services

Antenatal care (ANC): most women wait until they observe physical signs of pregnancy to visit the ANC, and then skip ANC visits because of distance. When visiting the ANC, they often get scolded, talked down by health workers, especially if they come without their husband or are young. Some women are fined for coming without their husband or decide to "hire" a husband to be prioritised e.g., skip queues. They rarely receive counselling or group education at ANC.

Postnatal care (PNC): immunizations are the main reason for attending PNC (so babies do not contract diseases and are 'safe'), as well as to monitor their baby's growth. Health workers advice tends to be reactive (responding to mother's questions or challenges they detected in babies), rather than providing broader advice on how to care for themselves and their baby.

Care Groups: Many Care Groups had been established but were no longer active when external support (training, materials) ended. Promoter or Cluster Lead positions are desirable and contested due to links to NGOs and benefits they brought with them.

Community Based Child Care Centres (CBCCs): The practical benefits of the CBCCs (porridge provided and childcare) are most valued, as they allow mothers to work in their fields uninterrupted, with educational goals seen as secondary. CBCCs still rely on strong community support (food, volunteers) and external support (training, seeds, food).

Agricultural extension activities were almost non-existent with extension workers visiting only rarely – once per year to distribute fertilizer and maize seeds. In one case, they arrived too late for planting (December). Agricultural promoters exist in some villages and share advice on crop diversity and improved seeds. They also maintained a demonstration plot but focused on what should be grown rather than on how to make harvest more successful, which caused new crops to fail, so people then considered growing new crops too risky.

Village savings and loans (VSL) groups are widespread in different forms. While useful, they tend to exclude the poorest families who are perceived as less likely to repay their loans. Loans are used to purchase fertiliser, goats to breed and sell, or micro businesses such as buying and selling tomatoes or selling prepared food. Many are reluctant to borrow from the VSL due to high interest and fear of defaulting.

Full Formative Research report is available here.

BOX 1 SMALL DOABLE ACTIONS

Drawing on the formative research findings, Save the Children and District researchers were trained to facilitate a People Driven Design (PDD) process with households, to identify and trial *Small Doable Actions* to be promoted through Care Groups and other community platforms. Save the Children and District facilitators, trained by Empatika and who had previously undertaken the immersion research, returned to the four study communities twice for three days to facilitate co-creation workshops with community members. They returned a third time to gather feedback on trialing the small doable actions. More insights were gathered on what people felt they could feasibly do and what might be too challenging and are summarised in the more detailed report. The following small doable actions were identified:

Maternal wellbeing: Help mothers so they have more time to rest and stay healthy. Fathers and boys can help with childcare and chores – **Help with household chores** (sweeping, washing, fetching firewood, childcare, and play, feeding, preparing kids for school, taking sick to hospital, keeping house and baby area clean) so the mother has time to breastfeed and rest. **They can encourage and be supportive to the mother** – to breastfeed, rest, eat well and give mother the means to purchase food, medicine, and access services (inc accompany to ANC). Grandmothers and adolescent girls can also help with chores and encourage boys and fathers to as well.

Breastfeeding: Trust breastmilk is best and delay introduction of other foods. Mothers should **care for themselves** to help them produce more milk – eat more often and varied foods, drink frequently (during breastfeeding, meals); and rest when tired; **Take time to breastfeed** – follow baby cues, empty both breasts (to get rich milk and stimulate production), drink when feeding, and connect with baby (speak, sing, play); **Delay giving other liquids and food** to baby (until 6 months ideally).

Nutritious foods: Prepare nutritious foods for mother and child all year. **Store and preserve food for the lean season** – pumpkin seeds, beans (nseula), vegetables, baobab fruits; **save money** to buy additional food and cultivate new crops (sweet potatoes, cassava); **Add 1–2 local nutritious food every day** – egg, mice, fish, insects, egg, groundnut flour, oil, tomato, pumpkin leaves, fruit to family meals and as snacks. Don't overcook vegetables so they keep nutrients; **Prioritise young children, pregnant and breastfeeding mothers** (and adolescent girls) who need more nutrients. Feed small children first, encourage them to eat more and the more nutritious foods.

Child growth and development: Play, sing, speak and respond to children. **Respond to child needs** – if cries or calls out, give a cuddle, change nappy, play (babies do not always need food, but also attention); **Give child toys and a clean play area** – make/give toys (oxcart, cars, dolls), safe household items (spoon, pot, stones) to play with and create a safe clean space to play (on a mat, away from animals and other dangers); **Play, speak, sing, dance with child** as often a possible – during feeding, daily routines, and chores/ activities.

Hygiene: A clean home and play environment for young children. **Create a clean play space for young children** to prevent them from putting contaminated/ dirty soil or objects in their mouth and getting sick (diarrhoea) – sweep area, put child on mat, or enclosure, give clean toys; **keep animals (and faeces) away**; **Give clean water and food to child** – Treat or boil all water given to young children; wash child and caregiver hands with soap or ash before feeding/ eating and do not give old food (or cook thoroughly) to child; **Don't ignore child with diarrhoea**, it is dangerous! – give more breastmilk, liquids.

Adolescent girls: Stay in school, delay pregnancy and stay healthy. Adolescent girls should try to stay in school and delay marriage and pregnancy until they are ready physically and emotionally to have a child (at least 18y). Delay second pregnancy if already with a child; eat well and stay healthy – eat more fruit, vegetable, and animal products (egg, fish, mice, insects), take iron and folic acid tablets to prevent anaemia (if available), get dewormed and take malaria treatment. Parents, boys, community should try to encourage and support adolescent girls and mothers to do all of the above.

The full PDD report is available here.

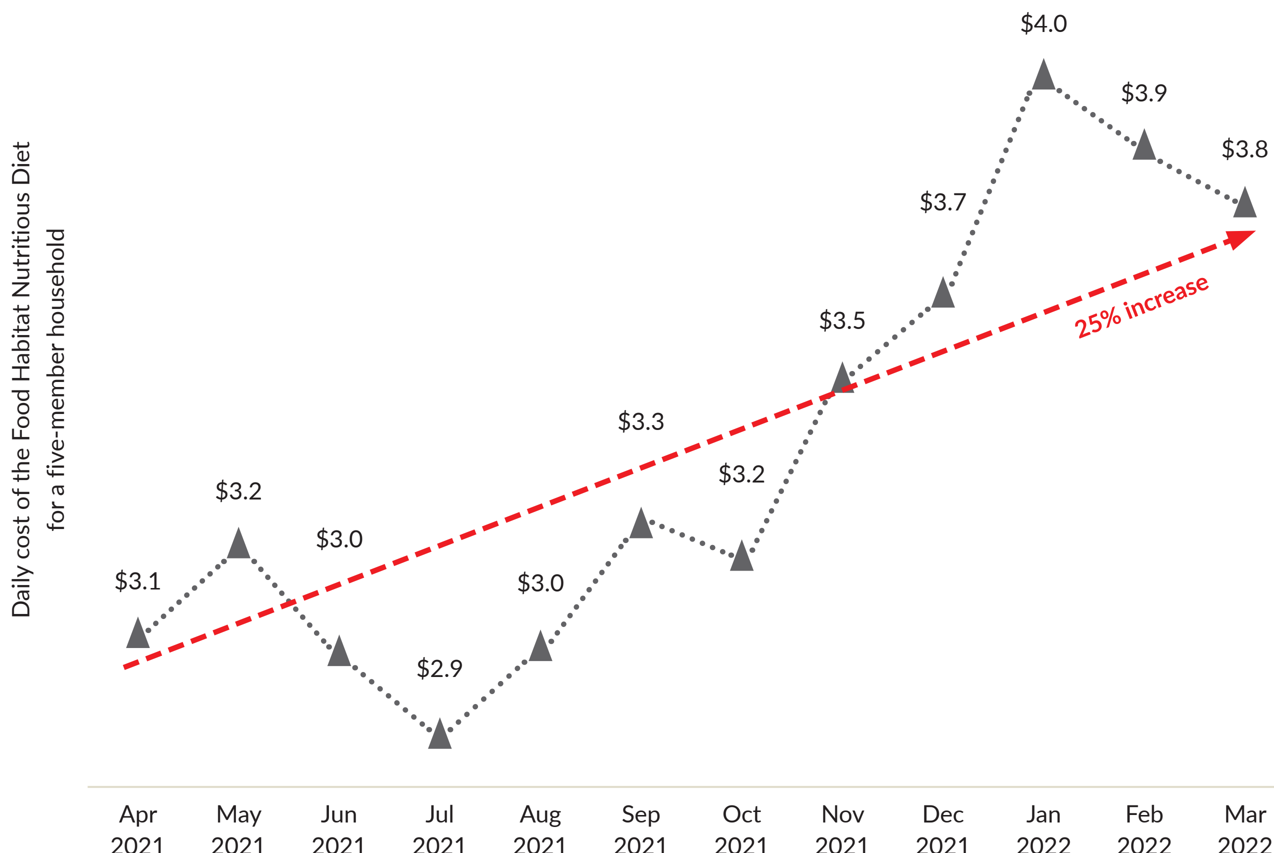
Mother making dolls for babies during PDD.

Save the Children

COST OF DIET STUDY

The Cost of the Diet is a Save the Children method and software which draws on three databases (food composition tables, individual nutritional specifications and local food prices) to find the best combination of foods to meet households and individuals' nutritional needs at the lowest cost. It is also used to model and identify the best interventions to reduce the cost of a nutritious diet. In MAZIKO, two Cost of the Diet assessments were conducted. The first was completed in May 2022 and used Malawi Minimum Expenditure Basket (MEB) monthly prices for 28 food items, collected from 77 markets in 25 districts of Malawi between April 2021 and March 2022, to calculate the cost of a nutritious diet, compare it with per capita income and estimate the affordability gap of a nutritious diet across different populations (poor/urban; by wealth group). The second Cost of the Diet analysis, finalised in September 2022, used the baseline data to identify the lowest cost nutritious foods in Ntcheu and Balaka districts o promote through Care Groups and cooking demonstrations.

Figure 1 Daily cost of a nutritious diet for a five member household



The analyses found that:

- **It costs 5x more to meet all nutritional needs versus energy needs only.** The cost of meeting a household's energy (calorie) needs is only MWK 187,738 per year (≈ $228). But the cost of meeting all the household's nutritional needs (macro and micronutrients) is MWK 1,015,893 (≈ $1,236) per year.
- **Pregnant and breastfeeding mothers need the most nutrients and their diets therefore cost more.** Within the household, the annual cost of a nutritious diet is only MWK 55,041 (≈$67) of a child aged 12-23 months, but MWK 295,619 (≈$360) for a breastfeeding mother and MWK 274,034 k (≈$334) for a pregnant mother. It is MWK 241,141 (≈$293) for a school age child (11–12y); MWK 191,975 (≈$234) for an adolescent girl (9-10 years) and MWK 232,117(≈$283) for an adult man. The average cost of a nutritious diet for a mother and child pair in the first 1,000 days (30 months from pregnancy until the child is 2 years old) is MWK 265,202 (≈$323) per year.
- **Cost of a nutritious diet has increased by 25% between this past year** from MWK 2,519 (≈$3.1) per day to MWK 3,140 (≈$3.8), driven by big increases in food prices – the price of maize increased by 48 percent, oil by 111 percent, eggs by 31 percent, cowpea by 24 percent, and bonya fish by 10 percent.
- **Most rural households cannot afford a nutritious diet.** Poor and ultra-poor households' income are as low as MWK 829,395 (≈$1,009) and MWK 506,465 (≈$616), respectively. A poor household will need MWK 42,452 (≈$52) extra per month to meet the nutritional needs of the whole household and MWK 13,973 (≈$17) to meet the nutritional needs of the mother and child during the first 1,000 days.

The full Cost of the Diet report is available here

DISTRICT CAPACITY ASSESSMENT STUDY

A district capacity assessment was conducted by DevConsult between April and June 2022 to identify service delivery bottlenecks for nutrition and Early Child Development (ECD) in Ntcheu and Balaka districts. The assessment included a document review, key informant interviews with officials and focus group discussions at national, district and community levels.

The assessment identified the following key gaps:

- **Financing:** both districts record very low and inconsistent budget allocations for nutrition and ECD. Both districts dedicated only 0.15% of their total budgets to nutrition in 2022 and even less (0.02% in Balaka and 0.01% in Ntcheu) to ECD in the same year..
- **Coordination:** There was no tangible and continuous funding to support the functionality of coordination structures at district, area and village level to support nutrition and ECD activities.
- **Knowledge management:** both districts made use of the National Nutrition Information System (NNIS) which collects data on service delivery, infrastructure and human resources over key policy sectors, but data analysis is hindered by limited staff capacity as well as telecommunication and connectivity challenges.
- **Human resources:** 60% of the service providers in Ntcheu were trained in nutrition. In Balaka, 90% of the service providers were trained in nutrition and ECD at community levels. High staff turnover, community volunteer capacity gaps, limited resources, job aids and infrastructure to deliver nutrition and ECD services are the main challenges.

The main recommendations were to: prioritise nutrition and ECD services in district development plans, as well as sectoral plans; increase funding for nutrition and ECD by pooling resources; improve coordination across stakeholders to invest in areas with the most need; invest in capacity building at district and community levels for data collection and use of data for decision making and planning; technical training for local-level coordination structures on nutrition and ECD.

The full District Capacity Assessment report is available here

CONTACT

Brenda Phiri, Project Manager, Save the Children International, Malawi, brenda.phiri@savethechildren.org

Natalie Roschnik, Sr Nutrition Advisor, Save the Children UK, n.roschnik@savethechildren.org.uk

REFERENCES

[1] Gelli A. *et al.* (in press). Impact evaluation of a maternal and child cash transfer intervention, integrated with nutrition, early childhood development and agriculture (MAZIKO-IE): A study protocol for a cluster randomised trial.

[2] Gladstone, M. *et al.* (2010). Malawi Developmental Assessment Tool (MDAT): The Creation, Validation and Reliability of a Tool to Assess Child Development in Rural African Settings. *PLoS Medicine*; 7 (5) May 2010, e100273, 1-13. PMC2876049.

CO-FUNDED BY:

THE POWER OF nutrition