Malawi: Food and Nutrition Security

In Malawi, maternal and child malnutrition are still widespread. Food and nutrition security, dietary diversity as well as adequate hygiene and sanitation practices are central to maternal and child health.

The challenge

In sub-Saharan Africa improvements in adult and child malnutrition are slow, and multiple forms of malnutrition are prevalent in the region. At least a third of Malawian women in reproductive age are anaemic and 45% of children under 5 years are stunted1.

The first 1,000 days, from conception to a child's second birthday, are crucial for physical and cognitive development with longterm effects in later life. Household food and nutrition security are central to delivering adequate dietary quality and quantity supportive of early child development.

Our approach

In Malawi the Food and Nutrition Security Programme (FNSP) supports community groups and governmental service providers in the districts Dedza and Salima. We aim at improving food and nutrition security for generations to come. At FNSP our interventions focus on:

- Increasing dietary diversity of women and young children through nutrition education and advocacy in care groups, Village Savings and Loan groups; and through promoting participatory Village Level Action Plans.
- Building the institutional capacities of the two District Nutrition Coordination Committees to plan, coordinate and monitor nutrition programmes.
- Feeding back lessons learnt on nutrition-sensitive approaches in social protection and agriculture and sharing of results within the ‘Scaling Up Nutrition’ Initiative and technical working groups.

Results in figures ...

Since programme start, the Food and Nutrition Security Programme has reached approximately 37,000 households directly in Dedza and Salima. Almost 450 basic service providers have been trained to deliver knowledge on nutrition practices, hygiene and sanitation as well as agriculture practices. Mothers confirm enhanced knowledge on dietary diversity, child feeding practices, water, hygiene and sanitation as well as signs and prevention of malnutrition. Through the efforts of active nutrition counselling women’s dietary diversity and children’s diets are improving steadily in both districts.

Most beneficiaries participate in care groups and a quarter of them take on active roles within their community. The trainings in agriculture practices are supported by the distribution of vegetable seeds, tree seedlings and livestock through our implementing partners. Village Savings and Loans groups are intended to empower women and enable nutrition-sensitive decisionmaking. Beneficiaries invest their additional income in dietary diversification, education and hygiene items. In response to the severe effects of the 2016/17 El Niño cash transfers benefitted 50,000 people.

Nationwide, a health service hotline (‘Chipatala Cha Pa Foni’ – English ‘Hospital by Phone’) supported by FNSP advises up to 2,000 people monthly on adequate nutrition.

We support bottom-up planning from village to district level. By facilitating community involvement this approach tailors to the community’s needs and enhances empowerment in nutrition-related topics. The programme supports the two District Nutrition Coordination Committees in planning, coordinating and monitoring of nutrition programmes. Regular exchange visits and joint meetings facilitate learning and sharing of experiences. Best practices are fed back to the national level and shared within Scaling Up Nutrition (SUN) platform.

... and in stories

Care groups are an essential way of spreading knowledge and information in the villages.

In the programme’s districts, there are families like Stella and Bauti Innocent who attend care group meetings every two weeks. They are proud parents of their one-year old boy Dan. Stella is a cluster leader in Khwakhwa village in the district of Dedza.

Stella and 10 to 15 other cluster leaders meet regularly as a care group with FNSP field staff to get information on topics that concern good nutrition and health in everyday life. The cluster leaders’ task is to help improve the families’ well-being in their direct neighbourhood. They give handy advice on nutrition and hygiene practices: for example, on healthy diets for mothers and children, how to grow vegetables in home gardens – and how to avoid common diseases like diarrhoea.

Cluster leaders are often role models for others. In the backyard garden of family Innocent all types of legumes and vegetables can be found, for example vitamin A-rich orange-fleshed sweet potatoes. There are also fruit trees like mango or papaya that grow well in the warm climate of Malawi.

The latrine for the household is built with grass mats behind the house. A hand washing facility with soap has been constructed next to it.

Trainings for care groups also include the handling of small animals. The Innocents have a small wooden stable on poles, where they keep their goat save. Dung falls out on the ground below and can be used as fertilizer.

Care groups are especially helpful to reach a wide range of the population by peer support within a joint environment and along the local needs. They empower women and communities, work on a voluntary basis and are supported by the government of Malawi.