

REPORT

Nutrition Capacity Assessment in Malawi



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Office of the President and Cabinet (OPC)
Government of the Republic of Malawi

and

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(Thank you very much!)

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Abbreviations

ACDO	Assistant community development officer
ADP	Agriculture development programme
AEDO	Agriculture Extension and Development Officer
ART	Antiretroviral therapy
B.A.	Bachelor of Arts
B.Sc.	Bachelor of Science
CAMA	Consumer Association of Malawi
CBCC	Community-based child care
CBO	Community-based organization
CD	Community development
CDA	Community development assistant
CI	Chronically ill persons
CoM	College of Medicine
CSO	Civil society organization
CTC	Community therapeutic care
DCDO	director for community development
DHO	District health officer
Dip.	Diploma
DNHA	Department of Nutrition and HIV and AIDS
ECD	Early Child Development
EPA	Extension Planning Area
EU	European Union
FAO	Food and Agriculture Organization of the United Nations
FBO	Faith-based organization
FGD	Focus group discussion
FUDD	Food utilization and dietary diversification
GMP	Growth monitoring and promotion
HAS	Health surveillance assistant

HIV	Human Immune Virus
AIDS	Acquired Immune Deficiency Syndrome
IEC	Information and education communication
IMCI	Integrated management of childhood illnesses
KCN	Kamuzu College of Nursing
M&E	Monitoring and evaluation
M.A.	Master of Arts
M.Sc.	Master of Science
MCH	Maternal and child health
MDG	Millennium Development Goals
MGDS	Malawi Growth and Development Strategy
MoAFS	Ministry of Agriculture and Food Security
MoD	Ministry of Defence
MoED	Ministry of Education
MoGCCD	Ministry of Gender, Children and Community Development
MoH	Ministry of Health
Mol	Ministry of Information
MoT	Ministry of Transport
MSCE	Malawi School Certificate of Education
MUAC	Mid-upper arm circumference
NGO	Non-governmental organization
NNPSP	National Nutrition Policy and Strategic Plan
NRC	Natural Resources College
NRU	Nutrition rehabilitation units
OPC	Office of the President and Cabinet
ORB	Operational recurrent budget
ORT	Oral rehydration therapy
OVC	Orphans and vulnerable children
Ph.D.	Doctor of Philosophy
PHC	Primary health care

PHLIV	People living with HIV
PLWHA	People Living With HIV andAIDS
Rec.	Recommended
RUTF	Ready to Use Therapeutic Food
SACDO	Senior assistant community development officer
SCDA	Senior community development assistant
SHNHA	School Health, Nutrition and HIV and AIDS
STA	Senior technical assistant
SWA	Social welfare assistant
TA	Technical assistant
TNP	Targeted nutrition programme
TO	Technical officer
TWG	Technical working group
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WALA	Wellness and Agriculture for Life Advancement (formerly I-LIFE)
WATSAN	Water and sanitation
WFP	World Food Programme
WHO	World Health Organization
WVI	World Vision International

Executive summary

A. Background

Despite efforts by government and development partners to improve Malawians' nutritional status, nutrition disorders continue to be widespread in the country. This poses a serious challenge to the attainment of the national growth and development goals as set out in the Malawi Growth and Development Strategy (MGDS).

Most stakeholders in Malawi agree that there is a serious problem of malnutrition in the country. According to a Multiple Indicators Cluster Survey, in 2006, 46 percent of Malawian children under the age of five years suffered from chronic malnutrition and 64 percent of Malawian households lacked the resources to ensure adequate calorie and nutrient intake. Non-communicable diet-related disorders – for example, overweight, obesity, hypertension, cardiovascular disease and diabetes, among others – are becoming more and more common and contributing silently to the mortality rate in the country.

Overall, levels of malnutrition remain high and have been almost unchanged since the 1990s. Many factors contribute to the problem, but inadequate institutional capacities for delivering nutrition programmes and services to address food security and nutrition problems effectively across sectors, have been identified as the major constraint to addressing the problem.

Nonetheless, Malawi has made progress in some important areas. For instance, staple food production has improved quite considerably in the past 5 years as a result of the government's agricultural inputs subsidy programme. There is also a high level of political will to tackling the challenges of malnutrition. This can be seen, for example, in the setting-up of the Department of Nutrition and HIV and AIDS in the Office of the President and Cabinet (OPC). Further, a slight decrease has been observed in stunting, wasting and underweight statistics between 2004 and 2008, and there has been a reduction in child mortality.

Because of the strong partnerships that have been established, there has been some progress made in terms of nutrition capacity in Malawi. A solid foundation is now in place to facilitate increasing interventions to enhance capacity development in nutrition and lay the ground for accelerating and expanding nutrition actions to eliminate malnutrition in Malawi.

B. National Nutrition Capacity Assessment

In 2009, a national nutrition capacity development assessment was carried out in Malawi. Its objectives were to: (i) gain a good understanding of current gaps and needs for strengthening institutional capacities in nutrition; (ii) reach consensus among government and development partners on an integrated and well-coordinated framework for nutrition capacity development in Malawi; and (iii) provide a basis for enhancing nutrition actions at all levels in support of the implementation of the Malawian National Nutrition Policy and Strategic Plan (NNPSP).

C. Main findings

Policy and strategy

Policy and strategy development is slow, leading to slow progress in policy and programme implementation by government and its implementation partners. In addition, there is limited translation of policies into action at district and community levels, resulting in limited population coverage of interventions at community level by government and non-governmental organizations (NGOs).

Monitoring and evaluation

There is no systematic monitoring and evaluation of the nutrition interventions being implemented by various stakeholders. The government is still seeking financial and technical support to ensure continuity of the national Integrated Food Security and Nutrition Surveillance System (IFSNSS), which would be a useful tool for the overall monitoring and evaluation of food security and nutrition programmes in the country. However, the IFSNSS, which was operational during the emergency years, has been adversely affected by capacity constraints, which have rendered it unsustainable.

Insufficient financial and material resources

Analysis of the funding allocation by government, NGOs and development partners indicates limited financial resource investment for nutrition in Malawi. An examination of Government's material resources underlines that there is a huge scarcity in terms of necessary equipment and material resources for programme implementation.

Human resources

The assessment also confirmed that there are inadequate human resources in nutrition at all levels and across all institutions in Malawi. There is a high vacancy rate and most existing posts in nutrition are occupied by staff with insufficient qualifications or training. Non-governmental organizations (NGOs) report a similar problem in their inability to recruit sufficiently qualified or trained personnel.

Training

In both government and NGO nutrition programmes, there has been limited training of staff. Personnel have been recruited into nutrition positions without the prerequisite qualifications and experience, and there have not been any attempts up to now to develop a training and capacity development strategy to better prepare the staff for their roles.

A consequence of this is that, while decentralization, community participation and empowerment are part of the rhetoric, they are rarely implemented effectively at community level. Indeed, interviews with community members suggest limited contact between extension workers and communities.

Further, limited documentation and learning in nutrition are resulting in low initiatives for scaling up best practices.

Coordination

The assessment also pointed to a lack of coherent coordination of nutrition interventions at all levels. This is found particularly at district and community levels. Interventions at community level are fragmented and there is lack of consistency between government and NGO actions.

In addition, heavy reliance on external expertise and funding, although changing, continues to compromise programme sustainability.

D. Opportunities for nutrition capacity development in Malawi

Consultations with the different agencies and individuals point to the following areas for nutrition capacity development interventions in Malawi:

1. Provide support to line ministries and other implementing partners for recruitment of officers to fill existing vacancies.
2. Provide training to new technicians and nutritionists.
3. Give institutional support for capacity enhancement of training colleges to increase intake and output of graduates in nutrition. Some development partners are ready to support training institutions to increase number of nutrition graduates.

4. Provide increased financial investment for scaling up nutrition interventions throughout the country (moving from selected geographical focus).
5. Give assistance for in-service training of existing staff in government and other implementing agencies at all levels, including community.
6. Offer support to improve nutrition curricula and modules.
7. Facilitate the rehabilitation of rural training centres and support line ministries to start utilizing these centres for in-service training and special courses in nutrition.
8. Provide assistance to line ministries and implementing partners to undertake nutrition surveillance through out the country.
9. Give support for improving the monitoring and evaluation of nutrition interventions.
10. Provide assistance to the DNHA for the effective coordination and support of line ministries for the effective implementation of the NNPSF.
11. Provide additional funding to the National Resources College (NRC) and Bunda College to give them the capacity to train more nutritionists than could be recruited at district and community levels.

E. Summary of key recommendations

Nutrition Task Force and Action Planning

A capacity development task force should be established or formalized. Its mandate should include further advancement of the capacity development agenda and guidance of the process of developing a national nutrition capacity development strategy and action plan.

Policy and strategy

With the leadership of the DNHA, the Malawi government should finalize and launch the NNPSF and this should be used to complement other development strategies (notably with regard to food security) and to attract financial support from development partners and also the private sector. Financial investment levels for nutrition capacity development and programming should be increased.

The government should strengthen the coordination of all sectors linked to nutrition. Networks and identified best practices and successful models of community projects in target districts should be used to model and scale up interventions. Further, legislation associated with nutritional issues should be harmonized and enacted. A focused advocacy strategy needs to be designed in order to convince national policy- and decision-makers of nutrition's role in the development process and of the need for greater investment in capacity development to achieve nutrition goals.

Nutrition human resources

A system for monitoring the nutrition workforce should be established and a national approach to career and professional development of community nutrition professionals should be promoted. Community nutrition professionals must be encouraged to join a professional register and a professional body. This body should work with the government to determine the competencies and training needs for qualified public health and nutrition professional and associate professional staff, and for nutrition support staff (assistants and helpers). This will facilitate the delivery of health and social development policies throughout Malawi. Finally, the capacity of training institutions needs to be improved in order to provide both pre- and in-service courses in nutrition and to allow an increase in student intake.

Coordination and harmonization

A harmonization of approaches between different agencies is vital to allow comprehensive programming to reduce malnutrition levels. Stakeholders must coordinate effectively at all levels, especially at district and community level where it is essential that capacities are increased. An improvement in joint planning and management of programmes is vital in order to prevent duplication of effort by different agencies.

Development partners in Malawi need to provide more support for capacity assessment and development, operational research, and the building of policy-research-training programme networks.

Training institutions

Universities and training institutions can play a central role in training qualified nutritionists. Training must be able to produce high-quality graduates at all levels. To ensure this, new short courses need to be developed and existing courses analysed in order to meet immediate human resource development needs. In addition, required competencies should be outlined and appropriate curricula for on-the-job-training for people already working in the area designed. In-service training packages could also be provided to existing line ministries and NGO personnel working at community level. Action-oriented research is needed in order to ensure long-term institutionalized commitment, maintenance, sustainability and ownership by the beneficiaries that will drive the nutrition agenda.

Monitoring and evaluation

The development of a sustainable and robust nutrition surveillance system is needed. National standards for micronutrient requirements need to be set, and consumer awareness on fortification needs to be raised. Appropriate monitoring and control mechanisms to ensure the quality of fortified food products must also be put in place.

Moreover, development partners need to prioritize the monitoring and evaluation of both capacity development and programme performance. This will allow an understanding of what works and where, and mean that success stories can be disseminated more widely. It is important too that development partners evaluate themselves periodically from a capacity development perspective.

1 INTRODUCTION AND BACKGROUND

A. Introduction

This document is a report of the National Nutrition Capacity Development Assessment that was conducted under the overall supervision of the Food and Agriculture Organization of the United Nations (FAO) Representative in Malawi and the technical supervision of the Nutrition and Consumer Protection Division of FAO, and in close collaboration with the FAO Malawi Food and Nutrition Security Policy Adviser and the Principal Secretary for Nutrition, HIV and AIDS in the Office of the President and Cabinet (OPC). The assessment took place between January and June 2009 with the professional and technical input of Hestern Banda and Mercy Safalaoh of Salephera Consulting Ltd.

B. Background

In spite of government and development partners attempts to improve nutritional status in the country, nutritional disorders persist on a wide scale in Malawi. Almost half of all Malawian children under 5 years suffer from chronic malnutrition; nearly two-thirds of households lack the resources to ensure sufficient calorie and nutrient intake; and micronutrient deficiencies of vitamin A, iron and iodine are also high. Non-communicable diet-related disorders, such as overweight, obesity, hypertension and diabetes, among others, are becoming increasingly common, contributing to the high mortality rate in the country. The average life expectancy in Malawi is just over 40 years of age.

Food use and dietary diversification are generally poor. For example, owing to inadequate knowledge of food choices and combinations recommended by the Malawi Six Food Groups (the dietary guidelines for the country) or best feeding practices for children, households tend not to maximize the nutritional benefits of available foods. Further, a lack of appropriate skills and insufficient access to technologies for food preparation, preservation and storage mean decreased quantities and quality of available food. Food taboos emanating from cultural and religious beliefs also limit the consumption and use of certain foods, thus reducing nutrient intake at the household level further.

There is a growing realization that nutrition knowledge, skills and practice do not trickle down to the intended target groups – namely, households and vulnerable groups. This has meant that programmes and strategies may not reach the final target beneficiaries, such as children and women. This, it can be argued, arises from a missing link

in the institutional framework – those “agents of change at the community level”.

Gender issues exacerbate the problem. Current nutrition education programmes are attended mainly by women, but household-level decisions are usually made by men. Traditional gender roles also skew the distribution of nutritious food within the household: men are favoured in both food and resource distribution, typically at the expense of women and children. The HIV and AIDS pandemic has compounded the dual burdens of malnutrition and disease.

The prevailing high levels of malnutrition have long-term adverse effects on the intellectual and physical development of individuals and their future productivity. Malnutrition means poor human development, a lowering of the productive capacities of adults and an adverse impact on national economic growth. The issue of malnutrition poses a serious challenge to any attainment of the national growth and development goals as outlined in the Malawi Growth and Development Strategy (MGDS).

C. Progress so far

In 2008, the Department of Nutrition, HIV and AIDS (DNHA) developed a National Nutrition Policy and Strategic Plan (NNPSP). Intending to enhance government response in combating malnutrition, it aims to facilitate (i) the standardization, coordination and improvement of the quality of nutrition services and (ii) the reduction in prevailing nutrition disorders. The NNPSP is expected to bring improved nutritional status to vulnerable population groups and thereby allow them to contribute effectively to economic growth and development, in line with the development priorities articulated in the Malawi Growth and Development Strategy (MGDS) and the Millennium Development Goals (MDGs).

There are several constraints however in implementing the NNPSP – at the institutional, human and financial resources, community and household levels. These must be addressed urgently. Government and development partners agree that one of the most significant challenges is the lack of qualified personnel in nutrition at all levels, and especially at the community level.

In order to ensure the success of nutrition services, programmes, projects and interventions, institutions must have the capabilities to implement activities identified under the NNPSP. This will necessitate (i) the creation and/or strengthening of the appropriate implementation structures; (ii) training of personnel for them to acquire the necessary competencies; and (iii) the provision of adequate resources.

A key objective of the NNPS is to increase the number of nutrition workers in all 28 districts in Malawi. This poses challenges with regard to financing and recruitment and also in terms of building the capacity of sufficient numbers of nutrition professionals to meet the identified programme implementation priorities within the shortest period of time possible.

As a result, there will be barriers because of a lack of staff with sufficient nutrition qualifications. For instance, most agricultural extension workers in the Food and Nutrition Branch in the Ministry of Agriculture and Food Security (MoAFS) have only rudimentary training in nutrition, and negligible skills in communicating nutrition information to farmers and families in rural areas.

Nonetheless, despite the weak nutrition capacity, food production in Malawi has improved quite considerably in the last 5 years. The country has still made progress in some key areas, such as:

- Staple food production has improved quite considerably, largely attributed to the government agricultural inputs subsidy programme.
- A high level of political will and commitment to addressing the challenges of malnutrition – for example, the establishment of the Department of Nutrition and HIV and AIDS in the OPC.
- Nutrition, HIV and AIDS is a distinct priority area among the six priority areas in the MGDS.
- There has been a slight reduction in stunting, wasting and underweight statistics between 2004 and 2008.
- There has been a reduction in child mortality.
- Personnel have been seconded by the DNHA/OPC to line ministries to occupy established positions for Nutrition, HIV and AIDS (placed in nine line ministries in 2008, for instance).
- There has been an increase of community therapeutic care (CTC) programme coverage and support by government, NGOs and donors.
- Increased Vitamin A supplementation has been provided through child health days (CHDs).
- Iodine deficiency disorders (IDD) monitoring (slowly tackling challenge, East Central and Southern Africa) has been established.
- The sugar fortification pilot programme has been successfully implemented.
- Nutrition assessments have been included as part of the Malawi Vulnerability Assessment Committee (MVAC) surveys since 2006.
- A number of NGOs have initiated programmes with well-established activities, such as care group models, Positive Deviance/Hearth, etc.

- Local ready-to-use therapeutic foods (RUTFS) by Valid International and Project Peanut Butter have been produced, which serve as examples for other countries.
- Partnerships (capacity beyond nutrition sector, skills beyond nutrition, chemistry, epidemiology, Consumer Association of Malawi [CAMA], Ministry of Trade and Industry) have been established.
- Information and education communication (IEC) materials for infant and young child feeding (IYCF) have reached over 2 million caretakers.

Because of strong partnerships that have been formed and research and assessments that have been carried out, stakeholders in nutrition in Malawi understand the nature of the problem and know what steps need to be taken. There is a solid foundation in place to enable increasing interventions to enhance capacity development in nutrition.

D. Objectives for the nutrition capacity assessment

The objectives of the National Nutrition Capacity Development Assessment were to:

1. Gain a good understanding of current gaps and needs for strengthening institutional capacities in nutrition.
2. Reach consensus among government and development partners on an integrated and well-coordinated framework for nutrition capacity development in Malawi.
3. Provide a basis for enhancing nutrition actions at all levels in support of the implementation of the NNPS.

E. Methodology

The assessment took place at national, district and community levels in Malawi between January and June 2009. National-level consultations were held in Blantyre and Lilongwe; and district assessments were conducted in five selected districts in the central, southern and northern regions: Chikwawa, Mchinji, Mzimba, Salima and Thyolo. In these districts, several communities were selected where consultations took place with extension workers and traditional leaders and other influential leaders.

Several methods were used in conducting this assessment:

- An extensive documents review, which included a review of Government of Malawi documents related to nutrition in Malawi (in particular, the NNPS and MGDS), training-needs assessment reports, nutrition-projects reports and others.
- Vision sharing with the senior management and team leaders of the DNHA and FAO.

- National level consultations, which involved interviewing heads of departments (principal secretaries, directors, human resource managers, officers responsible for nutrition implementation, monitoring and evaluation officers).
- Interviews with focal persons in selected food industries.
- Interviews with desk officers working on nutrition in the United Nations Children’s Fund (UNICEF), FAO, World Health Organization (WHO), the World Food Programme (WFP), the United Nations Development Programme, Irish Aid and European Union, among other development partners.
- Key informant interviews using guiding questions, which were used as the primary method for gathering national level information.
- At district and community levels, interviews were conducted using a checklist of questions: two checklist formats were developed for different types of informants – district officials representing various ministries, extension workers and selected community leaders and members.¹
- Focus group discussions for larger meetings with extension workers, community leaders and community members, including village committees responsible for food security and nutrition in the community.²
- Consultations with institutions that deliver training in nutrition; the questionnaire designed for the assessment was administered in these institutions to gather information on human resources, curricula, equipment and an inventory for nutrition training courses.
- A national stakeholders’ workshop, organized jointly by FAO Malawi and the DNHA, which took place at Club Makokola, Mangochi from 6–8 May 2009 to facilitate vision-sharing, discussion of preliminary findings and obtaining recommendations for addressing the capacity gaps that exist in nutrition in Malawi. (Please see separate Workshop Report.).

F. Sampling and sample size

Using purposive sampling for the assessment, the consulted stakeholders involved in nutrition programmes and activities were categorized into the following groups:

1. Government ministries and departments (11).
2. NGOs, faith-based organizations (FBOs) (9);
3. Development partners (6).
4. District offices of different departments (15).
5. Communities (five each, with two focus group discussions [FGDs]).
6. Academic, research and training institutions (6).
7. Private sector agencies (10).
8. Key informants (35).

2 DEFINITIONS AND CONCEPTUAL FRAMEWORK

A. Conceptual framework of nutrition capacity assessment

A capacity development needs assessment is the first step in the process of strengthening national nutrition actions:

- It allows a review and analysis of existing capacities of core nutrition actions.
- It identifies major strengths and weaknesses, opportunities and threats.
- It pinpoints areas for improvement against future desired capacity.
- It identifies options to address the identified needs and priorities.

A preparation of a comprehensive capacity development strategy and a plan of action usually follow the initial assessment. These strategies and actions lead to the design of capacity development programmes and activities aimed at addressing the main nutrition problems and concerns. For purposes of this report, the following definitions apply:

1. **Capacity:** ability of individuals, organizations, and societies to perform functions, solve problems, and set and achieve objectives in a sustainable manner.
2. **Capacity development:** process through which individuals, organizations and societies obtain, strengthen and maintain the capabilities to set and achieve their own development objectives over time.
3. **Capacity assessment:** analysis of desired capacities against existing capacities, which offers a systematic way of gathering critical data and information on capacity assets and needs, and acts as an input for the formulation of a capacity development response.
4. **Capacity development support:** the programmatic development intervention supporting the capacity development process.

¹ The data collection or interview instrument is presented in Annex 2 and a list of the organizations and individuals the team interviewed is presented in Annex 3.

² The assessment at community level tried to determine to what extent communities themselves perceive that nutrition programmes and services can trickle down to community and household level. Both communities where there is evidence of nutrition activities and those where there is none were interviewed to allow a good account of the gaps that may exist.

B. Core features of capacity development

Capacity development goes beyond the training of individuals to looking at addressing gaps at systemic and organizational levels.

- **System level:** policies, guidelines and regulations that provide a framework for nutrition interventions and mechanisms for management, communication and coordination.
- **Organizational level:** mission, structure, operational procedures, culture of organization, human, financial, information resources and infrastructure.
- **Individual level:** knowledge, skills, competencies, experience and ethics.

Effective capacity development at each of these levels is critical to the success of nutrition interventions in Malawi.

C. Process for assessing capacity development needs

There are many ways that capacity development needs are assessed. The Malawi Nutrition Capacity Development Needs Assessment:

- Examined critically the capacity and performance of the existing nutrition system.
- Envisaged the improved future system.
- Pinpointed areas for improvement; and
- Identified options to address the identified needs.

It identified capacity development needs as the gaps between “what is” (the present) and “what should be” (the desired future). Accordingly, it distinguished these needs based on the differences between current capacity and the desired future capacity, as Figure 1 illustrates.

Figure 2 outlines the five steps used in the process of assessing capacity development needs.

3 KEY FINDINGS

The capacity of a national nutrition system relates to its ability to perform appropriate functions effectively, efficiently and sustainably in order to provide adequate nutrition to the population. In Malawi, achieving adequate nutrition for everyone is a shared responsibility and includes the following stakeholders:

- Government agencies.
- Development partners (donor and UN agencies).
- Civil society organizations, including NGOs, FBOs and community-based organizations (CBOs).
- Academic and scientific institutions.
- Food industry.

A. Key stakeholders

Government agencies

Government agencies are responsible for establishing, managing and enabling institutional, policy and regulatory frameworks to support nutrition, agriculture and health. They are also liable for carrying out food-control activities to protect consumers from the risks arising from unsafe food and fraudulent practices, and responsible for providing appropriate information and education on nutrition. In addition, they are charged with setting standards and guidelines for infant and young child feeding, food fortification, and promoting food security and improved nutrition, including food and dietary diversification.

Development partners

Development partners support priority government programmes and initiatives financially and technically. Their responsibility is to ensure proper management and coordination of development assistance in nutrition at the country level.

Civil society organizations

Civil society organization (including NGOs, FBO and CBOs) are the key organizations for promoting and supporting

FIGURE 1. IDENTIFICATION OF CAPACITY DEVELOPMENT NEEDS

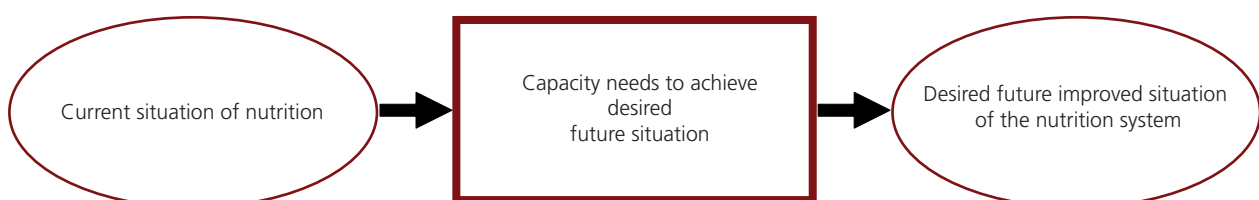
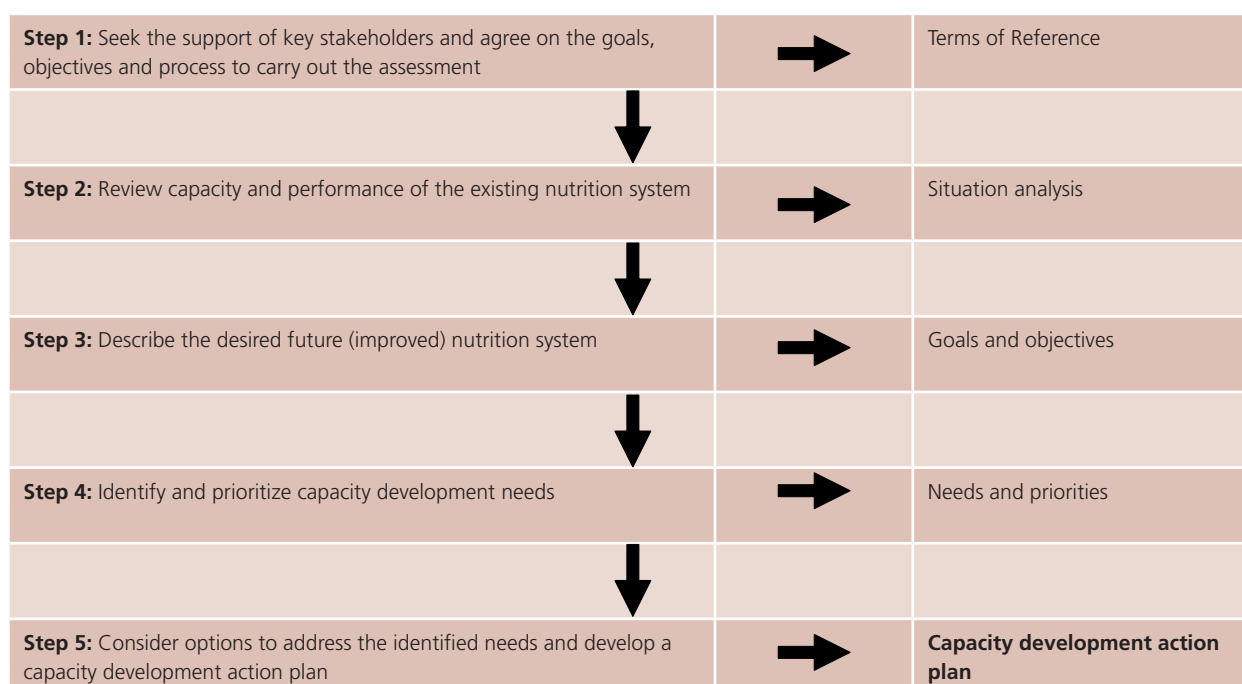


FIGURE 2. PROCESS TO ASSESS CAPACITY DEVELOPMENT NEEDS AND DEFINE FUTURE NEEDS



adequate nutrition through community-based food security and nutrition interventions, in line with government standards and guidelines and coordination mechanisms.

Academic and scientific institutions

Academic and scientific institutions teach and train in nutrition and produce the future generation of nutritionists. They also conduct relevant nutrition research and disseminate the results in support of advancing nutrition science and its application within the context of national nutrition programmes and initiatives.

Food industry

The food industry, which includes food producers, processors, handlers, manufacturers, traders, retailers and caterers, is responsible for producing and delivering safe and nutritious food to consumers. It must also develop and manage systems that ensure that the food supplied and/or served is safe and complies with official food safety requirements.

While each of these stakeholders has distinct responsibilities and accountabilities, the multidimensional nature of nutrition means that their roles are highly interconnected and interdependent. This means that active collaboration between stakeholders is essential to ensure the effectiveness and sustainability of the results achieved. Inadequate coordination has resulted in a proliferation of fragmented activities that are poorly integrated and which

have limited the best use of available resources for optimal results and the scaling-up of activities.

Through consultations with the different nutrition stakeholders in Malawi, the following major issues and challenges were identified:

- policy and strategy;
- financial and material resources;
- nutrition and human resources;
- training;
- limited sustainability; and
- monitoring and evaluation.

B. Policy and strategy

Decentralization

The main issue relating to capacity at community level in Malawi relates to community empowerment and decentralization.³ It is recognized that programmes for growth monitoring and promotion and for micronutrient supplementation work best when communities and local governments are involved in their design and management. Though part of the rhetoric, decentralization, community

³ Ensuring institutional capacity to plan and implement nutrition programmes at the subnational levels – regional level, district and levels below.

participation, and empowerment are seldom implemented effectively in Malawi. Unresolved issues include finding ways to determine realistic decentralization and participation levels in different environments, and setting up management structures and processes that best encourage them.

Nutrition sectoral capacity analysis

Another issue in Malawi's nutrition capacity development is sectoral capacity analysis and strategy development. The sectoral context affects what can be achieved at the programme level and includes:

- The capacity of the health, agriculture, community development and social welfare sectors through which many community nutrition programmes are implemented.
- The general civil service environment, including the standard of governance and rules concerning pay, postings, and transfers; and
- The presence or absence of institutions or cultural traditions that can foster community participation and empowerment.

Nutrition stakeholders in Malawi must answer the questions: How can sectoral capacity analysis be improved and what is the best way to prepare sectoral capacity-development strategies?

Institutional analysis and capacity development tools

Tools for institutional analysis and capacity development constitute another issue in Malawi. There seem to be no generally accepted tools for capacity analysis and development or for bringing about institutional change through nutrition projects in the country. The question to address is: Which tools can be usefully imported and applied from experience in other sectors and different environments, from other development agencies, from academia, or from the consulting industry?

Strengthening nutrition in diverse sectors

Strengthening nutrition in different government sectors is one of the major capacity development challenges in Malawi. Because nutrition is a multisectoral issue and cuts across sectors, managing nutrition work in different sectors in a manner that enhances policy and programme synergies at national, district and community levels is a major challenge. The questions to address include: What are the best processes and incentives for coordinating and managing a country's overall efforts in nutrition within its specific institutional structure?

Managing nutrition programme support organizations

Another major institutional challenge has to do with the issue of managing nutrition programme support organizations in Malawi. Many line ministries and departments (agencies) implementing nutrition programmes depend on specialist organizations for support in areas such as management training; information, education, and communication; research; and monitoring and evaluation.

Issues common to the management of these support organizations include finding solutions for:

- Achieving a balance between government, NGOs, and private sector support.
- Dividing roles and responsibilities among organizations.
- Promoting competition while avoiding duplication.
- Developing individual support institutions as centres of excellence that are responsive to programme needs.

Defining roles

Although the NNPS attempts to describe mandates for the different stakeholder groups, in practice there is lack of clarity of roles and responsibilities among agencies involved in nutrition. Different stakeholders fail to position themselves to address immediate needs, medium term needs and long-term needs effectively in improving nutrition in Malawi. Therefore, in order for stakeholders in nutrition to be effective and complement each other, roles and responsibilities among government departments, civil society organizations and development partners must be clearly defined to enhance combating child stunting and malnutrition in Malawi. Table 1 presents reported possible roles of various stakeholders in nutrition.

C. Financial and material resources infrastructure

The financial and material infrastructure for nutrition is poor: the Ministry of Agriculture & Food Security (MoAFS) allocated K9M (approximately US\$ 60,400) to nutrition for one year for the whole country. As Table 2 shows, funding allocated to nutrition and nutrition related sub-themes (5 and 6) accounts for less than 4 percent of the total Social Development Theme Malawi Growth and Development Strategy (MGDS) investment.

When questioned, every department and organization noted a scarcity in financial and material resources to allow them to carry out their work on nutrition effectively. However, some government departments have seen a trend of increasing the allocation from the levels of 2005 to 2009. Nevertheless, funds for nutrition are low – for most districts, their allocation is under K1M (approximately US\$ 6,700) per year for the whole district.

TABLE 1: POSSIBLE INSTITUTIONAL ROLES FOR IMPROVING NUTRITION CAPACITY IN MALAWI

Organization	Role
MoGCCD	<ul style="list-style-type: none"> • Train staff at all levels in nutrition. Also trained for the specific nutrition programmes on the ground • Coordinate nutrition programmes within the ministry and partners in nutrition
MoE	<ul style="list-style-type: none"> • Mobilize resources for training programmes in nutrition education, policy development and implementation • Provide nutrition support for PLWHAs in the sector • Review curriculum to incorporate health, nutrition and HIV and AIDS • Train division officers, district officers and zone officers to facilitate SHN implementation • Provide equipment to the division and district office • Develop school health and nutrition (SHN) database information system in the MoE • Transport facilities for SHN staff at headquarters division and district for officers to use • Coordinate with training institutions on training needs
MoH	<ul style="list-style-type: none"> • Include nutrition module in new curriculum • Provide training for district nutritionists • Offer training on how to develop proposals, good reports • Lead national nutrition education and communication • Provide civic education • Coordinate activities by various stakeholders within the sector
MoI	<ul style="list-style-type: none"> • Facilitate resource mobilization • Provide specialists with specialized training • Establish implementation structures that suit the developed capacity
OPCDNHA	<ul style="list-style-type: none"> • Conduct policy and curriculum reviews • Provide supervision, monitoring and evaluation • Encourage joint planning and review systems • Hold quarterly meetings and reports • Develop standards, oversight, and guidance on all nutrition policy reviews • Set standards
NGOS	
World Vision International	<ul style="list-style-type: none"> • Train community nutrition workers
Action Aid	<ul style="list-style-type: none"> • Mobilize community on awareness on the right to food and nutrition • Raise stakeholders' awareness on the right to food and nutrition • Monitor nutrition indicators
Basic Support for Institutionalizing Child Survival (BASICS)	<ul style="list-style-type: none"> • Discuss with DNHA possibility of training community nutrition workers
TRAINING INSTITUTIONS	
Kamuzu College of Nursing	<ul style="list-style-type: none"> • Train nurses both pre-service and in-service
College of Medicine	<ul style="list-style-type: none"> • Use research as a vehicle. CoM plans to train people in nutrition who eventually may form a nutrition unit and better serve nutrition needs within CoM and the country • In most nutrition research projects, include built-in training component: 3 people currently in training
Chancellor College	<ul style="list-style-type: none"> • Train people at all levels (certificate, diploma, degree) as long as resources are available • Encourage research in nutrition and related areas
Bunda College	<ul style="list-style-type: none"> • B.Sc. and M.Sc. programmes in place have capacity to develop dieticians' programme up to Ph.D. level • Conduct refresher courses, short courses, in-service training. Consultancy in all areas of nutrition. Outreach in nutrition • Research in nutrition for evidence-based training
Natural Resources College	<ul style="list-style-type: none"> • Organize short courses • Upgrade courses from certificate to diploma

See Abbreviations list above for all abbreviations.

TABLE 2: FINANCIAL INVESTMENT LEVELS IN THE MALAWI GROWTH AND DEVELOPMENT STRATEGY FOR DIFFERENT SOCIAL DEVELOPMENT SUB-THEMES*

Theme	2006/7	2007/8	2008/9	2009/10	2010/11	2011/12
Sub theme 1: Health	10,090,377,370	10,617,241,461	11,152,430,081	11,789,032,370	12,411,719,370	56,060,800,652
Sub theme 2: Education (total)	5,716,659,456	4,081,450,876	4,150,676,898	4,275,720,836	4,303,891,104	22,528,399,170
Sub theme 3: Gender	120,770,000	112,645,000	103,545,000	108,095,000	112,320,000	557,375,000
Sub theme 4: HIV and AIDS	15,339,581,335	17,386,191,485	15,604,112,885	14,531,179,585	14,531,075,585	77,392,150,875
Sub theme 5: Nutrition	450,660,210	293,360,210	270,064,210	349,217,540	273,619,970	1,636,922,140
Sub theme 6: Interaction of nutrition, HIV and AIDS	223,642,000	218,382,000	219,070,000	225,895,600	234,086,320	1,121,075,920
Social develop- ment theme: total	31,941,690,371	32,709,271,032	31,499,909,074	31,279,140,931	31,866,712,349	159,296,723,757
Grand total all themes	132,132,837,989	127,751,230,167	126,578,914,121	124,096,304,974	122,658,183,562	637,568,815,113

*Amount in Malawi Kwacha: at the time of the assessment, the exchange rate was approximately USD = MK140.

All government departments reported that although funds are allocated for nutrition, the need has been greater than the available funds each year. As a result, they cannot meet their nutrition objectives and they tend to reach less people than desired.

In addition, many NGOs noted that they too are unable to sustain their achievements because they are heavily dependent on development partner financing, and this is dwindling in the light of the current global financial crisis. Stakeholders also observed that there are national institutional constraints, especially those related to systems and procedures in the bureaucratic set-up of the civil service. This affects the speed with which programmes are implemented.

Table 3 presents the financial information made available during the nutrition capacity assessment. It must be noted that some of the agencies did not disclose their investment levels for nutrition. Overall, it was found that the level of financial allocation for nutrition interventions have been steadily increasing from the year 2005/6 to 2008/9.

In rural areas, much of the infrastructure – including, for example, office and communication equipment or transport – is obsolete and not conducive for work. As a result, many graduates do not feel attracted to the working

conditions there. Upgrading housing and office facilities and improving transport and electricity (for instance, by installing solar panels) could provide incentives to young aspiring staff to work in rural areas.

Across government departments, training institutions and district offices, there is a significant gap between what is needed and what is available to carry out nutrition work. As Table 4 shows, district offices in particular do not have enough material resources. They are very low in terms of basic equipment such as computers, vehicles, motorbikes: the Mchinji MoA office does not even have a computer. Inadequate infrastructure and insufficient material resources are also a problem for training institutions. This leads to limited research capacities and capabilities and weak accountability structures for results. These limited capacities mean fewer graduates than needed each year. However, almost all NGOs have the necessary material resources to carry out their work.

D. Nutrition and human resources

There are not enough nutritionists in Malawi. There was consensus across all stakeholders consulted that there are insufficient numbers of trained human resources in nutrition in all government and civil society organizations in the country. All agencies, government and NGOs operating at

TABLE 3: AVAILABLE INFORMATION ON FUNDING FOR NUTRITION BY DIFFERENT STAKEHOLDERS*

Institution	Financial Inflows (MK)			
	2005/6	2006/7	2007/8	2008/9
GOVERNMENT				
MoAFS	1,062,585	2,818,635	8,581,413	9,893,602
MoE	N/A	N/A	N/A	8,000,000, but need 20,000,000
MoH	14,000,000	17,000,000	68,000,000	63,000,000
OPC DNHA	10M	30M	46M	56M, but DNHA need 486M
DISTRICTS				
CHIKWAWA				
MoGCCD	N/A	N/A	N/A	N/A
MoE				
SALIMA				
MoE	N/A	N/A	N/A	N/A
MoH				
Agriculture	N/A	N/A	N/A	N/A
MoGCCD	700,000	N/A	N/A	5,500,000 for training
MCHINJI				
MoH	N/A	N/A	N/A	6,000,000 for buying plumpy nuts
MoAFS	N/A	N/A	N/A	703,853
MoGCCD	715,238	728,870	674,649	593,656
MZIMBA				
MoH	N/A	N/A	N/A	N/A
MoAFS	N/A	N/A	539,687	920,000
THYOLO				
MoGCCD	150,000	200,000	860,000	48,000,000
MoH	N/A	N/A	30,000,000	351,000
MoE	N/A	N/A	254,000	Needed: K4,500,000
NGOs				
I-Life,	N/A	N/A	N/A	N/A
World Vision	N/A	N/A	N/A	N/A
BASICS	N/A	N/A	N/A	N/A
Valid International	Approx. 1,275,045 Actual, 1,122,859	Approx. 2,081,556 Actual, 2,133,456	Approx. 18,048,329 Actual, 21,348,329	Approx. 44,021,120
Action Aid (using Capacity Development Institution Funds)	N/A	N/A	N/A	N/A
Concern World Wide	N/A	N/A	Approx. 2,157,131 Actual, 2,094,676	Approx. 2,110,525 Actual, 110,525

*Amount in Malawi Kwacha: at the time of the assessment, the exchange rate was approximately USD = MK140. See Abbreviations list for all abbreviations.

TABLE 4: AVAILABLE MATERIAL RESOURCES BY INSTITUTION*

Institution	Offices	Computers	Printers/ copiers	Vehicles/ motorbikes	Other equipment
MoAFS	3	-	-	1 car	=
MoGCCD	Office space, (quantities not given)	Various	Various photo- copiers, printers	Various	=
MoE	Office space and fax	2 computers, Internet	1 photocopier, 2 printers	1 car	Anthropometry equipment: 100 scales, dietary equip- ment
MoH	1 office used by 5 people	2 computers for 5 people, Internet, 2	Various printers but 1 not work- ing	2 cars over 8 years old	
MoI	26 offices that are not enough	15 computers, only 12 are working, Internet in 10 offices	2 photocopiers, but 1 not work- ing, 6 printers, 1 not working	8 vehicles	4 scales, 1 not working
DISTRICTS					
CHIKWAWA					
MoGCCD	No specific material resources for nutri- tion	2 computers, for other programmes, not nutrition	2 printers	3 motorbikes	=
MoE	No material re- sources specific for nutrition	=	=	=	=
SALIMA					
MoE	Office space	0	0	Car uses resources from DADO's office.	=
MoH	No office for nutri- tion	No computer for nutrition.			Adequate anthro- pometry equipment in health centres
MoAFS	No resources for nutrition uses those for other projects	=	=	=	
MoGCCD	Very small office space, 3 (NRUs 4 CTCs)	1 computer, no Internet	No printer	=	(30 Scales, 90 Height Boards, 100 MUAC), no dietary equipment,
MCHINJI					
MoH	Enough office space	2 computers, 1 photocopier,	Internet, print- ers, but for other projects	1 motorbike	
MoAFS	2 rooms for office but not adequate	2 computers not specific for nutrition	=	4 motorbikes, only 1 working	(MUAC tapes, height boards and Scales in short sup- ply. 6 NRUs)

TABLE 4: AVAILABLE MATERIAL RESOURCES BY INSTITUTION* (continued)

Institution	Offices	Computers	Printers/ copiers	Vehicles/ motorbikes	Other equipment
MoGCCD	Various	2 computers	2 printers	2 vehicles but neither specifically for nutrition	=
MZIMBA					
MoAFS	Various	2 computers	1 photocopier, 2 printers, not necessarily for nutrition	0	0
MoH	(3 NRUs, 18 CTCs)	3 computers for HMIS	Internet, 1 photocopier, 5 printers		
THYOLO					
MoGCCD	Stores not adequate	0	0		No dietary assessment equipment, MUAC, tapes not adequate, no scales
MoH	Various	6 computers	6 printers, 1 photocopier, Internet	2 vehicles, not necessarily for nutrition	
NGOs					
NGOs I-Life	Office space	3 computers	Internet, 1 photocopier, 2 printers	1 car	70 weighing scales, no dietary assessment equipment
Valid International	Equipment, rented office	7 computers	Internet, 1 photocopier, 3 printers, 1 not working	1 car, 1 ready-to-use food production machine	Anthropometry equipment, 2 height boards, 4 weighing scales, 100 MUAC tapes, 1 body stat. machine, no dietary assessment
World Vision International	Office space	Computers	Internet, photocopier, printers,	1 Car	Anthropometry equipment, no dietary assessment
Concern World Wide	Office space	Computers, Internet	Photocopiers, printers		Anthropometry equipment, no dietary assessment equipment, CTCs for partners in 3 district hospitals
TRAINING INSTITUTIONS					
Kamuzu College of Nursing	Various	9 computers	Internet, 2 printers	Have a car but not necessarily for nutrition	Anthropometry equipment and dietary assessment equipment not available

TABLE 4: AVAILABLE MATERIAL RESOURCES BY INSTITUTION* (continued)

Institution	Offices	Computers	Printers/ copiers	Vehicles/ motorbikes	Other equipment
College of Medicine	Office space and transport	Computers	Internet, photocopiers, printers,	0	Anthropometry equipment, dietary assessment equipment
Chancellor College	Various	5 computers, only 2 working	1 photocopier, 1 printer	0	15 Salter scales, 10 adult electronic scales, 15 height boards, 4 offices but need 6 more
Natural Resources College	Office space adequate	4 computers which are adequate	4 photocopiers only 1 working, 2 printers, inadequate,	Transport is available	Communal anthropometry equipment, not enough dietary equipment
Bunda College	9 offices	6 computers	3 printers from projects. Internet on and off. No photocopiers (photocopying costs very high)	1 car, but a coaster and four-wheel drive with initial running costs for research needed.	10 hanging scales, 10 kitchen scales

* See Abbreviations list above for all abbreviations.

field level identified limited numbers of front-line staff as a major obstacle to sustaining programme results and the scaling-up of successful interventions.

In government, this is exacerbated by a very high vacancy rate in the key implementing departments – notably in the Ministries of Agriculture (MoAFS), Health (MoH), Education (MoE), Gender, Children and Community Development (MoGCCD), local government and rural development. Where positions are filled, most incumbents lack the prerequisite training and experience for the job. Reviews of the current institutional capacities in nutrition by different government departments confirm this: these suggest that most community extension workers have only rudimentary training in nutrition and negligible skills in communicating nutrition information to farmers and families in rural areas. As a result, most nutrition work in Malawi is performed by people who lack qualifications, experience or training in nutrition. For those few who do have the necessary qualifications, a lack of career-progression opportunities often forces them to look for non-nutrition-related jobs.

Nonetheless, because nutrition is a multidisciplinary field, many people in other disciplines do work on interventions, the results of which make a significant contribution to Malawi's nutrition programmes. Some of Malawi's success and achievements in nutrition must be attributed to

professionals who contribute indirectly to the reduction in malnutrition in Malawi.

The quality of the officers occupying nutrition positions is related to the appropriateness of the curricula and quality of training they have received. It is thought that current nutrition curricula and nutrition training programmes do not prepare diploma holders and front-line staff adequately for community nutrition work. There is a realization that in previous years training institutions placed considerable emphasis on practical work, but that in recent years standards have been lowered. Graduates can now complete their courses without having spent any time carrying out practical work in rural communities. This affects the quality of work and the effectiveness of officers in nutrition posts.

Non-governmental organizations and development partners interviewed observed that the DNHA does not have enough qualified nutritionists and therefore needs to develop specific in-service training for its entire staff. It is recommended that hand in hand with this training should be a review of the organization structure of the department in order to balance the numbers of nutrition officers and HIV and AIDS officers and administrative staff. It is also recommended that the DNHA should redefine the roles and responsibilities of its officers in order to improve focus and effectiveness in nutrition policy guidance, coordination and programme implementation in Malawi.

TABLE 5: HUMAN RESOURCES IN NUTRITION IN GOVERNMENT MINISTRIES AND DEPARTMENTS*

Department	Established position	Filled position	Qualification of incumbents	Unfilled positions	Nutrition qualification
MoAFS	1 deputy director	1	M.Sc. in Community Nutrition	0	1
	3 chief agriculture extension officers	0	N/A	3	0
	8 principal food and nutrition officers	2	B.Sc. (Agric) with Human Nutrition and Food Science	6	0
	8 nutrition education officers	0	N/A	8	0
	8 surveillance officers	0	N/A	8	0
MoGCCD	1 director of child development	1	M.Sc. in Early Childhood Development	0	0
	2 deputy directors of child development	2	1 MA in Early childhood development 1 B.A. (recommended is M.A.)	0	0
	1 chief social welfare officer	1	B.A.	0	0
	4 principal social welfare officers	1	B.A.	3	0
	4 senior social welfare officers 4 are vacant	0	B.A.	4	0
	4 social welfare officers incumbents	4	B.A. or Diploma	0	0
MoED	1 deputy director	1	M.Sc. in Family and Consumer Sciences	0	0
	1 chief nutrition HIV and AIDS (NHA)	1	B.Ed.	0	0
	1 principal nutrition health assistant	1	B.Ed.	0	0
	1 resource centre officer	1	T2 Teacher.	0	0
MoH	1 deputy director (clinical services)	0	N/A	0	0
	2 chief nutritionists	1	B.Sc. in Nutrition	1	1
	2 principal nutritionists	2	B.Sc. B.Ed. (H. Economics).	0	0
	2 senior nutritionists	2	B.Ed. (H. Economics).	0	0
	8 nutritionists	8	B.Sc. in H. Economics	0	0
MoI	1 chief NHAO	0	N/A	0	0
	1 principal NHAO	1	B.Sc. in H. Economics	0	0
DNHA	1 principal secretary	1	Ph.D. in Nutrition, Economic and Social Status M.Sc. Clinical Nutrition and Dietetics	0	1
	1 director of nutrition, HIV and AIDS	1	Masters Degree in Agriculture with Emphasis on Food Production	0	0
	1 deputy director of nutrition, HIV and AIDS	1	M.Sc. Nutrition	0	1

TABLE 5: HUMAN RESOURCES IN NUTRITION IN GOVERNMENT MINISTRIES AND DEPARTMENTS* (continued)

Department	Established position	Filled position	Qualification of incumbents	Unfilled positions	Nutrition qualification
	1 deputy secretary	1	M.Sc. Health Service Administration	0	0
	1 deputy director, planning research and evaluation officer	1	Master of science with merit in Development and Project Planning	0	0
	1 chief clinical nutrition officer	1	B.Sc. Agriculture	0	0
	1 chief nutrition, HIV and AIDs officer	1	B.Sc. Agriculture majoring in Home Economics and Human Nutrition	0	0
	1 chief nutrition programmes officer (dietary diversification)	1	B.Sc. Bachelor of Education Science majoring in H. Economics	0	0
	1 chief community nutrition officer	1	B.Sc. Agriculture with Human Nutrition, Food Science and Management	0	0
	1 chief planning research officer (Vacant)	0	N/A	0	0
	1 CM	1	B.Sc.	0	0
	1 nutrition officer	1	B.Sc. Family and Consumer Sciences	0	0
	1 executive officer	1	B.Sc.	0	0
Total	78	40			4

* See Abbreviations list above for all abbreviations.

Table 5 presents the status of the human resources in government ministries and departments at headquarters level. This shows that:

- There were only 4 officers with the appropriate qualifications out of a total of 78 positions in different government ministries and departments (representing 5 percent). It also indicates an overall vacancy rate of 48.7 percent in all ministries and departments at headquarters level during the assessment.
- The Ministry of Agriculture and Food Security (MOAFS) has currently budgeted for a total of 54 nutrition posts, 28 of which are located at district level. To date, 37 posts remain unfilled, of which 17 are vacant at district level. These posts include nutrition education, nutrition surveillance, and food and nutrition programme officers.
- There are a total of 24 established posts in the MoGCCD, of which 11 posts were vacant at the time of assessment. All these posts deal with nutrition but they are not necessarily occupied by nutritionists. The ministry currently plans to fill 10 of the vacancies (at district level).
- In the MoH there are only 8 districts that have nutrition officers while the other 20 districts have vacant posts for nutrition. At headquarters level there are 7 posts and 2 are vacant.
- The DNHA had a total of 6 vacancies at the time of the assessment.

Human resources in nutrition at district level

Consultations carried out at district level gathered information on the available human resources in government departments directly involved in the implementation of nutrition-related activities. The vacancy rate at district level at the time of the assessment indicated that out of 63 positions 21 were vacant (33 percent). Further, none of the 42 officers occupying nutrition positions had a qualification in that area. It was also found that:

- In general, a high vacancy rate was reported in all districts with the MoGCCD reporting a 61 percent vacancy rate in Mchinji district.
- The MoGCCD at district level needs a community development officer (CDO) with a Bachelors-level qualification, but none of the districts visited had one.

- The MoH needs a nutritionist at district level but there was none in the five districts visited.
- The MoAFS requires a food and nutrition officer at district level with a B.Sc. in nutrition. Out of the districts visited, only Mzimba had a nutritionist with this qualification.
- The MoE has just deployed two teachers to act as coordinators for school health and nutrition. However, they are not necessarily trained for that role.

Table 6 gives a more detailed outline of the positions and qualifications by department.

Human resources in nutrition in civil society organizations

Similarly, NGOs consulted reported that while most of their nutrition-related posts are filled, they too face problems finding personnel with the appropriate qualifications. Indeed, most NGO nutrition staff (90 percent, or 48 out of 53) are employed without qualifications in nutrition, but once recruited they are given on-the-job training. Table 7 presents the human resource situation for consulted NGOs.

Training in the field

Findings of this assessment indicate that in Malawi common management problems relating to field-worker training stem from their lack of training in the organizational and managerial aspects of their work, which are as important as their technical training in nutrition. In addition, their skills are not refreshed often enough, and the refresher training they do receive is standardized, instead of being tailored to help solve priority nutrition problems as determined by national and district level policies and programmes.

Another issue that contributes to the inadequate nutrition capacity at the community level in Malawi is the supervision, training, and referral of extension workers. Field nutrition workers, whether volunteers or government personnel, are seldom adequately trained and supervised or supported by a strong referral system. The technical content of training is often well developed, but some questions have been inadequately explored. They include: what other types of training should field staff receive; which processes work best for pre- and in-service training; how can supervision be reoriented to be more supportive, while maintaining accountability for performance; and how can completion, proper diagnosis, and follow up on referrals be ensured?

Factors to be explored with regard to the recruitment and training of field workers include:

- Length of pre-service and in-service training.
- Training content (especially the balance between

technical content, training on work routines, IEC, and community mobilization).

- The methods and process used (especially for practising skills, whether through role-playing or in field practice areas).

Food industry

None of the private-sector agencies consulted employed nutritionists. Rab Processors and Bakhresa have two quality assurance managers and three laboratory quality control officers. Since the companies that are involved in food processing, packaging and fortification make critical contributions to nutrition programmes and interventions, it is of great concern that there is no staff member with a food science or nutrition qualification working in these agencies.

Volunteers

Staffing and job design of volunteers is a nutrition capacity development issue. Volunteers delivering nutrition services at the community level often have insufficient time, skills or incentives to do an effective job, and full-time paid staff members are often health workers overburdened with duties or clients. The issues in staffing and job design relate to:

- The use of volunteers or paid workers or some combination.
- Appropriate staff–client ratios.
- The number and type of tasks that can be handled.
- Design of daily, weekly, and monthly work routines.
- Choice of performance incentives that best ensure quality and sustainability.

E. Coordination and harmonization

Collaboration and coordination among agencies with nutrition interventions are weak. Different agencies operate in the same district without adequate communication or coordination. As a result, many districts have disjointed programmes and there is currently no comprehensive mapping to understand who is doing what, where and at what level. This has led to a high degree of fragmentation and lack of coordination between agencies at district and community levels. For example, the European Union funded three NGOs and all three ended up working in the same district of Salima.

All nutrition stakeholders agree that efforts aimed at harmonizing approaches between agencies are limited – there is no holistic approach to nutrition programming in Malawi. Development partners (donors) and nutrition implementing partners have difficulties coordinating their

TABLE 6: HUMAN RESOURCES FOR NUTRITION AT DISTRICT LEVEL BY GOVERNMENT DEPARTMENT*

District	Department	Position	Qualifications	Vacancies
CHIKWAWA	MoGCCD	1 director for community development	Diploma in Com. Dev.	1
		1 desk officer; STA/TA Rec is TO	Certificate in Com. Dev.	0
		2 field staff; STA/TA Rec is TO	Certificate in Com. Dev.	0
	MoE	1 DSFC	Dip/B.Ed.	0
SALIMA	MoE	1 coordinator of school feeding programme T2	Certificate in Ed.	0
	MoAFS	1 food and nutrition officer	Certificate in Farm Home Science but Rec. is B.Sc.	0
MCHINJI	MoH	1 nutrition officer	Certificate in Community Health Nursing. Rec. is B.Sc. in Nutrition	0
	MoAFS	1 food and nutrition officer	Diploma in Nutrition Rec. B.Sc. in Nutrition	0
	MoGCCD	1 community development officer	Rec. B.Sc.	1
		4 senior assistant community development officer	MSCE and Cert in Community Development	3
		7 assistant community development officer posts	1 with Diploma and CD cert; and MSCE with CD cert Rec Diploma	5
		5 senior community development assistant posts	Rec. 5 posts with MSCE	5
		31 posts – only 12 filled 19 posts vacant	14 community development assistants 7 with MSCE and CD cert, 2 with JC and CD cert. Rec. 14 posts with MSCE and CD cert	5
MZIMBA	MoH	1 nutrition coordinator	Dip. in Env. Health	0
		2 MCH coordinators	Dip. in Env. Health	0
		1 catering supervisor	Certificate	0
		1 ART coordinator	B.Sc. in Env. Health	
		1 HIV and AIDS coordinator	B.Sc. in Env. Health	0
	MoAFS	4 nutrition officers	2 with B.Sc. Agric	1
		No officer at EPA level	=	=
THYOLO	MoH	2 nutrition coordinators	Enrolled Nurse Midwives Rec. B.Sc. in nutrition	0
	MoE	1 coordinator school feeding programme, no post for nutrition	Grade T2 teacher	0
	TOTAL	63		21
				33 % vacancy rate

* See Abbreviations list above for other abbreviations.

TABLE 7: HUMAN RESOURCES IN NUTRITION IN NON-GOVERNMENTAL ORGANIZATIONS*

Organization	Position	Qualification	Personnel qualification	Nutrition qualification
I-Life	2 project officers	B.Sc. /Nutrition; Environ. Science.	Nutrition background and experience	1
	7 district project coordinators	B.Sc. , B.Ed.		
	2 nurses	Dip; B.Sc.		
Valid International	1 programme manager	1 M.Sc. ; Nutrition	Nutrition background and experience	2
	3 community therapeutic care officers	1 M.Sc. ; Nutrition Epid. 1; B.Ed.; Home Economics B.Sc. Nursing		
	3 research nurses	2 registered nurse/midwife; 1 enrolled nurse/midwife		
	1 social mobilization officer	Cert. in Community development		
World Vision International	1 senior nutrition & health manager	M.Sc. Community Health	Nutrition background and experience	1
	1 nutrition & health manager	B.Sc. Public Health		
	1 small scale fort. coordinator	B.Sc.		
	2 regional health & nutrition coordinators	1 B.Sc. Nursing; 1 Cert. in Nutrition		
	1 health nutrition sector coordinator	B.Sc. in Environmental Health or Nursing		
	1 cluster coordinator	Diploma in Agriculture from NRC		
	8 development facilitators for each area development programme	B.Sc. Agriculture or Nutrition from NRC		
Action Aid	Thematic coordinator in the past	M.Sc. preferred; B.Sc. required	Nutrition background and experience	
Concern World Wide	1 health & nutrition adviser	M.Sc. Nutrition	Nutrition background and experience	1
	4 health systems managers	B.Sc. Public Health/Nutrition		
	11 partnership support officers	B.Sc. Public Health, Nutrition, Agriculture		
BASICS	1 chief of party	Advanced degree (M.Sc.)	Nutrition background and experience	
	1 deputy chief	Advanced degree (M.Sc.)		
	1 community health & nutrition adviser	M.SC. Public Health		
	1 nutrition officer	B.Sc. Nutrition, Public Health or Agriculture		

TABLE 7: HUMAN RESOURCES IN NUTRITION IN NON-GOVERNMENTAL ORGANIZATIONS* (continued)

Organization	Position	Qualification	Personnel qualification	Nutrition qualification
TOTAL	53			5
				9.43% with nutrition qualification

* See Abbreviations list above for all abbreviations.

nutrition efforts across sectors. Therefore, attempts to coordinate and harmonize approaches among agencies are vital.

One issue is a lack of clarity of each stakeholder's individual roles and responsibilities. Questions to answer include:

- How can nutrition be incorporated into the multisectoral approach to community-driven development?
- Can all those agencies that are already partners in nutrition, work more closely with each other and with other agencies to make the most of their comparative advantage in different areas?
- Can development partners lighten the administrative load they put on implementing partners' scarce financial management capacity by developing fewer projects, but ones which are based on co-financing mutually agreed nutrition and capacity-development strategies?

Limited sustainability

The sustainability of nutrition programmes is another major challenge in Malawi. Many programmes implemented by NGOs are phasing out, and the sustainability of interventions is often compromised because of donor dependence and poor integration with government programmes at district and community levels.

In addition, funding for nutrition programmes is dwindling among development partners, government and implementing partners in Malawi. Nutrition does not seem to be a high priority in financial-resource allocation by various agencies. Even where and when financial resources become available to NGOs and government departments, low absorptive capacities of implementing partners is also affecting the speed of nutrition programme implementation.

Government capacity to take over NGO programmes is weak because of limited staff numbers, lack of support and insufficient operational funds. Capacities at district level to coordinate, capture lessons learned, ensure complementarity

and enhance synergies between different interventions and agencies needs to be strengthened.

F. Training

Training institutions in Malawi can play an important part in preparing adequately qualified graduates. Training institutions have the potential to contribute to the following priorities:

- Improved and increased human resource capacity development – education and training, theoretical and practical.
- Research for sound evidence-based initiatives on HIV; child-nutrition management; agriculture. micro-nutrients; and food security impact assessments.
- Advocacy for good policy (internal and nationwide) and the improvement of national standards and guidelines.

Currently, the content of nutrition courses is designed to facilitate both theoretical and practical learning. However, it may be necessary to undertake a curriculum analysis to ensure that the nutrition courses are both appropriate and practically oriented to strengthen the practical application of nutrition in the field. During consultations, various stakeholders who employ alumni from the institutions questioned whether current nutrition curricula prepare graduates and front-line staff adequately for community nutrition work. It was also noted that a previous emphasis on practical work had diminished in recent years – graduates can now complete their courses without having spent adequate time doing practical sessions or having gained any rural community experience. It was felt that this leads to inadequately prepared graduates who cannot implement social development work (including nutrition) effectively.

Institution-based training – where training specialists teach large batches of field workers – is quite different from field-based training (where supervisors train their own workers). The former has the advantage of:

- Exposing workers to professional trainers.

- Allowing organizations to diffuse a standard approach to service delivery.
- Enabling workers to meet staff from other regions and learn from their experiences (if the training is structured appropriately).

However, this type of training can be costly and can also promote standardization at the expense of responsiveness to changing programme needs over time or in different geographic areas. On the other hand, field-based training has the advantage that workers are trained by their own supervisors, who know their strengths and weaknesses as well as the programme's performance and the communities in the worker's area.

Training can therefore be tailored to each worker's and local communities' particular needs. A cost-effectiveness comparison should be conducted of both approaches (which can be implemented separately, or in combination) in different environments.

Training institutions can contribute to the development of human-resources capacity in nutrition by defining properly, in collaboration with the relevant ministries, the required competencies of nutrition officers and extension workers at community level. Appropriate on-the-job training courses can then be designed to allow those already working in nutrition to carry out their duties more effectively.

In order to improve nutrition programme delivery at the community level, the DNHA has recommended that all existing and any new community workers should go through a comprehensive course for one year combining classroom work and practical sessions in communities. The course should include the following topics:

1. Basic knowledge in nutrition, HIV and AIDS and other related areas:
 - Introduction to nutrition.
 - Prevention and management of malnutrition.
 - Basic facts about HIV and AIDS.
 - Nutrition, HIV and AIDS.
 - Essential nutrition action for HIV- and AIDS-infected persons.
 - Household food security.
 - Food safety and hygiene.
 - Food storage, processing and preservation.
2. Effective communication skills.
3. Ability to use participatory approaches.
4. Ability to develop and implement work plans.
5. Skills in conducting nutritional assessments.

6. Community education in nutrition, HIV and AIDS.
7. Data collection and utilization.
8. Team building and partnership development.
9. Basic knowledge in community support groups – focusing on concepts of community mobilization.
10. Ability to train and supervise community support groups in nutrition, HIV and AIDS.

The DNHA's draft curriculum includes the topics outlined above and it is proposed that the training for community workers should be conducted in existing training centres and in rehabilitated old rural training centres. The strategy will be to train about 2,500 people per year and it will take about five years to train all existing and new community workers.

Courses currently offered by training and teaching institutes

The training institutions consulted during the assessment were the Kamuzu College of Nursing (KCN), College of Medicine (CoM), Chancellor College, Bunda College of Agriculture (BC) and the Natural Resources College (NRC). These institutions offer a variety of pre-service and in-service courses, ranging from diploma to Ph.D. level. However, as will be shown below, their current capacities are limited and the number of graduates with nutrition qualifications is insufficient for meeting the demand in Malawi.

Kamuzu College of Nursing and the College of Medicine do not produce nutrition graduates *per se*, however, some students do study elements of nutrition during their courses. For instance, KCN provides only 50 hours of training in Community Nutrition over the whole four-year course. Table 8 below gives the duration of each course, the number of graduates and a projection of graduating students in these three institutions. The projections show that by 2013, Chancellor College will produce a total of 160 graduates with a B.Ed. in Home Economics in four years. Bunda College has been offering a B.Sc.in agriculture with a major in Nutrition and Food Science in past years up to 2009; the first graduating class with a full B.Sc. Nutrition and Food Science will be 2009/10. There will be 558 diploma graduates from the NRC and 132 graduates in nutrition from Bunda College. The numbers indicate that NRC, which offers a diploma in food, nutrition and livelihood security, has the highest capacity to produce nutrition and nutrition-related graduates in Malawi.

Staff qualifications at training institutions

Table 9 shows that KCN lecturers have general qualifications while the CoM includes some lecturers with aspects of nutrition qualifications. Bunda College, Chancellor College and NRC also employ lecturers with nutrition qualifications.

TABLE 8: COURSE DURATION, NUMBER OF GRADUATES AND PROJECTION OF GRADUATING STUDENTS IN THREE TRAINING INSTITUTIONS*

Training institution	Degree programme	Duration	Graduated students		Projection of graduating students	
			Year	No.	Year	No.
Chancellor College	B.Ed. in Home Economics	4 years	2007/8	40	2009–2013	160
Bunda College	B.Sc. in Human Nutrition and Food Science	4 years	2004/5	25	2009/10	23
			2005/6	13	2008/9	14
			2006/7	20	2009/10	23
			2006/7	25	2010/11	25
			2007/8	20	2011/12	35
					2012/13	35
	B.Sc. in Family Science	4 years	2005/6	6	2011/12	6
			2006/7	2	2012/13	10
Natural Resources College	Diploma in Food, Nutrition and Livelihoods Security	2.5 years	2007/8	162	2008/9	93
					2009/10	105
					2010/11	120
					2011/12	120
					2012/13	120

* See Abbreviations list above for all abbreviations.

Chancellor College is short by two lecturers while Bunda is short by three. Fifty percent (50%) of these lecturers have M.Sc.s and only 20 percent have Ph.D.s. Each training institution has the capacity to develop more human resources in nutrition, but will need financial support for students to cover tuition fees to take in more students.

Training institutions: material and financial resources needed

All the training institutions consulted indicated that they faced challenges in terms of limited teaching space and other resources. For instance, it was noted that most equipment (including laboratories) is old and obsolete and cannot cope with modern demands and needs.

It was also pointed out that inadequate financial support is a critical factor in preventing the development of capacity to increase output. All the institutions are overly dependent on tuition fees and have limited external donor support.

Nevertheless, the high demand for nutrition education and training in Malawi at all levels presents an opportunity for these training institutions to expand their programmes. Coupled with a good policy environment and financial support from various development partners, the training

institutions have considerable potential to improve and increase their capacities and capabilities to contribute significantly to the development of high-calibre human resources in nutrition in Malawi.

Training needs assessment

During the assessment, NRC and Bunda College carried out some form of training-needs assessments:

- At NRC, the objective was to assess stakeholders' training needs in relation to nutrition. NRC was able to design a diploma in Food, Nutrition and Livelihoods Security, including modules on food processing, production and utilization.
- Bunda College's objective was to assess whether an M.Sc. is needed and also to meet the needs of employers. Bunda College devised courses such as Food Security and Dietary Diversity, Improving Food Processing, Small Scale Entrepreneurs, Nutrition and HIV/AIDs for In-Service Training and an M.Sc. in Human Nutrition and Food Science.

Key questions

The following questions relate to improving human resource capacities in nutrition in Malawi, through training in the institutions.

TABLE 9: NUTRITION HUMAN RESOURCES IN TRAINING INSTITUTIONS*

Institution	Posts	No.	Qualifications
Kamusu College of Nursing	Lecturers	8	5 with M.Sc. and 3 with B.Sc.
College of Medicine	Lecturers	5	1 B.Sc. Home Economics, 1 M.Sc. Clinical Nutrition 1 MBBS, Ph.D. (Nutritional Epidemiology) MD(Paediatrics) 1 B.Sc. Home Economics, MPH MBBS 1 Ph.D. (International Health) Occasional research affiliates through research projects
Chancellor College	Lecturers	3 occupied 2 vacant	M.Sc. (various except nutrition)
Natural Resources College	Lecturers	5 (3 are filled 1 is on study leave) 1 vacant	1 M.Sc. Nutrition B.Sc. (various other than nutrition) 1 laboratory technician
Bunda College	Lecturers	9 posts established but recommended is 12 (3 vacant)	1 associate professor with Ph.D. 2 senior lecturers with Ph.D.s 5 lecturers with M.Sc.s (M.Sc. recommended) Human Growth and Development is taught by 2 Family Science experts, a lecturer and staff associate
Total		35	6 vacant (17%)

* Please see Abbreviations list above for all abbreviations.

- Which systems for assessing training needs have worked best? Who should do the assessments, how often, using what methodology? How can timely feedback into curricula be managed?
- Which combinations of class-based training and practical training work best (e.g. pre-service training followed by on-the-job experience, versus sandwich training)?
- What are the advantages and disadvantages of distance learning as a training method?
- What are the relative merits of training run by government institutes and training contracted out to academic or private institutions?
- What is the best way to manage the development of a cadre of professional trainers (including different approaches for training trainers, incentives and career development for trainers, and linkages between trainers and the field programme)?

G. Monitoring and evaluation of nutrition programmes

Line ministries and implementing partners have limited capacity for monitoring and evaluation. This results in poor

capturing of lessons learnt and inadequate dissemination of best practices. Problems include:

- Unwieldy systems that take up too much staff time and deliver data late or to the wrong users.
- A misdirected emphasis on performance statistics instead of on service quality and client satisfaction.

The nutrition monitoring and evaluation challenges are to design systems that serve the needs of clients as well as managers; and collect enough quantitative and qualitative information without overwhelming field workers and processing systems.

For example, this assessment found that the DNHA lacks the capacity to carry out nutrition surveillance. There had been an expectation that the MoAFS and MoH would continue with the data collection as had been carried out under the Action Against Hunger managed Integrated Food Security and Nutrition Surveillance System (IFSNSS), and that the DNHA would take over the management and coordination of the system. This has not been the case. Compounding factors are an inadequate capacity

at community level to collect the required data and an apparent weakness in district supervision.

While UNICEF's "Rapid SMS" pilot project for collecting and monitoring nutrition indicators was useful, this was designed for emergency interventions and not for long-term development purposes. The technology is useful where there is an operational system in place as it is a tool to facilitate data transfer within an established data-collection system. However, the technology was part of a system that is not fully functional and therefore does not add value to nutrition surveillance in the country.

A robust nutrition surveillance system needs to be developed in Malawi, supported and sustained in order for the priorities in nutrition to be determined intelligently. For instance, monitoring and evaluation work could be given to local research institutes; one WFP official suggested that Bunda College could be used for this type of work. (Although WFP has its own monitoring and evaluation staff in some districts, at a national level this is not sufficient.)

4 DETAILED ASSESSMENT FINDINGS BY STAKEHOLDER CATEGORY IN MALAWI

The sections below present the findings of the nutrition capacity assessment by category of stakeholders in Malawi.

A. Government departments

Government departments interviewed were the: Ministry of Agriculture (MoAFS), Ministry of Gender, Children and Community Development (MoGCCD), Ministry of Education (MoE), Ministry of Health (MoH), Ministry of Information (MoI), Ministry of Finance (MoF), Ministry of Economic Planning and Development (MoEPD) and the Office of the President and Cabinet Department of Nutrition, HIV and AIDs (DNHA).

At headquarters level, each ministry has responsibility for policy and strategy development and for providing coordination and implementation support to district and community level structures of government. In each ministry interviewed, there was an indication of nutrition interventions included in the core mandate. Nutrition and HIV/AIDs were commonly featured in all departments as Government of Malawi mandated priorities in fulfillment of the goals of the Malawi Growth and Development Strategy (MGDS) Themes 4, 5 and 6.

Each ministry targets different groups of people – however, most of the interventions related to Theme 6 (Interaction of

nutrition, HIV/AIDs), so the focus tends to be on improving the nutrition of people infected with the HIV virus and who have AIDs.⁴ From a developmental perspective, the strategy therefore is a therapeutic approach rather preventative in terms of malnutrition.

Government human resources capacity in nutrition

The assessment found vacant posts in every Malawian government line ministry. In total, there were 37 posts vacant at the time of the assessment. In an effort to close the gap in the number of nutrition positions in government, the DNHA has obtained approval for 19 positions (10 chief nutritionists and 9 principal nutritionists) for various government departments, and has also proposed the creation of positions for 8,000 community nutrition workers [CNW]. The Department of Human Resource Management and Development has indicated that the CNW positions are established but there are not enough financial resources to implement them.

In addition, the MoGCCD plans to rehabilitate Magomero Community Development College in the 2009/10 financial year to facilitate the upgrading of a course for community development assistants (CDAs) who, it is hoped, will also assist in the implementation of nutrition interventions. In the MoGCCD, 45% of posts are still vacant: those that are filled are staffed by personnel who have the correct qualifications regarding child development but are not nutritionists *per se*.

In the 2007/8 financial year, the MoAFS budgeted for a total of 54 nutrition posts, 28 of which were located at district level. By the middle of 2008, the ministry reported that 37 posts remained unfilled, of which 17 were vacant at district level. These vacancies include posts in nutrition education, nutrition surveillance, and food and nutrition programme officers. The MoAFS currently plans to fill 10 of the vacancies (at district level); however, it is difficult to find sufficient numbers of qualified personnel.

The MoH's most senior post in nutrition is empty; this means that the ministry cannot implement its nutrition policy and strategy effectively.

Finally, out of 28 district health offices and hospitals in Malawi, 20 (71 percent) have not employed a nutritionist. This is a serious capacity gap.

The Department of Nutrition HIV and AIDs (DNHA)

To achieve its nutrition goals, Malawi regards nutrition as a cross-cutting issue. Because of this, every stakeholder in the country must take a role in the delivery of nutrition policy and programmes. In 2005, the Cabinet of Malawi directed

that the food and nutrition security policy be separated into: (i) food security policy and (ii) nutrition security policy. This has had human and financial resource implications for the implementation of policies and programmes.

As outlined in the NNPS, the main mandate of the DNHA comprises:

1. Provision of policy direction, oversight and guidance on policy implementation.
2. Coordination, monitoring and evaluation of the nutrition policy and strategy.
3. Facilitation of cross-sector collaboration, particularly at higher levels of government.
4. Provision of leadership and vision to committees (cabinet and parliament) and the multisectoral Technical Committee on Nutrition.
5. Lobbying and advocating for both the development of nutrition structures and adequate resource mobilization and allocation.
6. Lobbying for the establishment of nutrition Sector Wide Approach programme (SWAp) to facilitate resource mobilization and distribution among government implementing agencies.
7. Development and strengthening of the capacities of human resources for nutrition, HIV and AIDs.
8. Establishment and promotion of standards and norms for nutrition.
9. Mobilization of resources and support for the national nutrition response and action. The department also monitors and evaluates nutrition response and action.
10. Coordination of joint planning and reviews with other ministries and departments to ensure a comprehensive national approach to nutrition.

The DNHA's analysis of the human resource capacity gap in 2007 established that there were only 20 nutritionists in Malawi and that there are inadequate numbers of community workers to deliver nutrition, HIV/AIDs services at household level. This was compounded by the removal of home craft workers and farm home assistants from service several years ago. The department also noted that Malawi does not have dieticians to provide dietary management of nutrition related conditions in health facilities.

In order to enhance nutrition programme delivery at the community level, the DNHA has recommended that all currently employed community workers – and any new recruits – should complete a comprehensive one-year course that combines practical sessions in communities and classroom work.

The DNHA's own analysis of the human resources gap at graduate level indicated the need for training institutions, government and stakeholders to contribute to the production of graduates at different levels over a period of five years, as presented in Table 10.

TABLE 10: NUTRITION QUALIFICATIONS NEEDED

Qualification	Number
B.Sc. Nutrition	100
B.Sc. Dietetics	100
M.Sc. Nutrition	100
Ph.D.	60
Community Nutrition Workers	8 000

Source: DNHA, 2009.

Both implementing partners and development partners raised the question of whether these numbers are justified and where the resources to accomplish this goal will come from. It was recommended that a further human resource analysis be completed in order to determine the numbers needed and the amount of resources available for achieving them.

The Government of Malawi's own analyses of human resources for extension workers is presented in Table 11 below. The table shows very clearly that there are very serious human resources gaps for grass-roots extension work in Malawi in various government ministries and departments. Across five government ministries, there was a total shortage of 32 167 community level extension workers and teachers. With these levels of gaps in human resources, nutrition and other social development programmes suffer.

Priorities for government departments

- Finalize and roll out the NNPS.
- Strengthen human capacities in nutrition through training (formal and non-formal).
- Preventive interventions for sustainable development.
- Coordination among nutrition related programmes.
- Management of acute malnutrition.
- Integration of nutrition with other sectors.

B. Civil society organizations

In Malawi, civil society organizations fall into in several categories – including national and international non-governmental organizations (NGOs) and faith-based organizations (FBOs). These organizations are mostly involved in the implementation of nutrition interventions at

TABLE 11: ESTIMATED EXTENSION WORKER SHORTAGES BY MINISTRY IN MALAWI, 2008*

Ministry	Title	Previous TA	Previous TO	Previous Short-age	New title	Current TA	Current TO	Current Short-age
MoAFS	Field Assistant	3,500	1,500	2,000	AEDO	4,000	1,500	3,500
	Farm Home Assistant	1,500	500	1,000		1,500	500	100
MoGCCD	Community Development Assistant	500	83	417	CDA	800	83	717
	Social Welfare Assistant	385	150	235	SWA	500	150	350
MoH	Health Surveillance Assistant	1,500	1,500	0	HSA	6,000	1,500	4,500
Local Government	Home Craft Workers	2,000	0	2,000	Cancelled	8,000	0	8,000
MoE	Teachers					55,000	40,000	15,000
	TOTAL:	9,385	3,733	5,652		75,800	43,733	32,167

* See Abbreviations list above for all abbreviations.

community level. However, most of their interventions are limited to certain geographical locations and therefore lack the capacity to cover the whole country. As a consequence, parts of Malawi have no nutrition activities that are implemented by civil society organizations.

The NGOs interviewed during the assessment included I-Life, Valid International, World Vision International, Action Aid International Malawi, Concern World Wide, BASICS and Concern Universal.

According to the NNPS, civil society organizations are mandated to:

1. Align their programmes in support of the nutrition policy and strategy.
2. Provide technical support to various sectors where needed.
3. Implement nutrition programmes and projects in collaboration with relevant sectors.
4. Provide programme and financial reports per NNPS requirements.
5. Conform to standards and norms set by the DHNA.
6. Uphold standards in the production and marketing of high nutritive value foods.
7. Monitor and evaluate high nutritive-value food-chain lines.

Below is a summary of the range of ongoing nutrition interventions carried out by civil society organizations in Malawi:

- Promotion of infant and young child feeding practices through comprehensive nutrition and health education using essential nutrition actions (essential nutrition actions).
- Community-based rehabilitation of mild to moderate malnourished children using the Positive Deviance/Hearth model.
- Training mother groups in the cultivation of high-value crops.
- Food processing, preparation, and preservation techniques.
- Promotion of growth monitoring, Vitamin A and de-worming campaigns.
- Nutritional care and support to the chronically ill through safety net.
- Community-based management of acute malnutrition and management of nutritional disorders.
- Research in nutritional interventions.
- Capacity development of health and nutrition providers.
- Exclusive breastfeeding advocacy.
- Educating communities on complementary feeding, production, preservation.
- Supply of small animals (e.g. rabbits to be reared), fruit trees, indigenous vegetable seeds.
- Cooking demonstrations for mixed feeding and utilization of food.
- Water and sanitation.
- Distribution of fortification micronutrient premix at Domasi to pregnant mothers and women of childbearing age.
- Campaign against Bilharzia.
- Awareness raising on the right to nutrition.

Table 12 also gives an indication of the main target groups for civil societies activities and the areas in which they operate in Malawi

Priorities for civil society organizations

- Nutrition information and education.
- Infant and young child feeding.
- Human resources capacity development.
- Food security at household level with adequate dietary diversification.
- Nutrition, HIV and AIDs.

C. District level interventions

At the district level, the district commissioner is responsible for nutrition activities and she or he is to be supported by

the chief nutrition, HIV and AIDs officer (CNHAO) to ensure effective district response and action.

The NNPSF prescribes the following terms of reference for the district assemblies (the district level administration units headed by the district commissioner) in Malawi:

- Integrate nutrition in the District Implementation plans and budgets.
- Provide nutrition services.
- Mobilize resources for nutrition activities at the district level.
- Mobilize communities for nutrition promotion.
- Implement the nutrition strategic plan at district level through the sectors community level service providers, local leaders and communities.

TABLE 12: CIVIL SOCIETY NUTRITION INTERVENTIONS, THEIR TARGETS AND GEOGRAPHICAL COVERAGE*

Name	Major programme	Targets	Districts
Concern Worldwide	Therapeutic Nutrition Activities: Community-based Therapeutic Care and Livelihoods	Children under 12 years old; total 10 108 children	Dowa, Ntchisi and Khotakota; whole country for CTC
Save the Children	Food Security Activities: MCHN, PD/Health, GMP, food aid for CI, Neonatal care	Children under 5 and under 18, PLWHIV, CBCC; total 44 763 households	Dedza, Zomba
CHAM	Community nutrition/Therapeutic care Activities: Community-feeding programme for children under 5, pregnant women, CI and Orphans, Health & Nutrition Education Learning Institutions, NRUs	6 400 households HHs, PLHIV, pregnant women HIV+, OVCs, and moderately malnourished children under 5	Karonga, Nkhotakota, Rumphi, Salima, Mangochi
Action Aid	Food and Nutrition Security Activities: RUTF for PLWHIV, nutrition and treatment, literacy (upcoming programme)	PLWHIV	Nsanje, Phalombe, Machinga, Salima, Lilongwe, Ntchisi, Chiradzulu, Mzimba, Rumphi, Chitipa Nkhatabay
World Vision International	Health and Nutrition (Preventive) Activities: PHC, immunization, supplementation of micronutrients, Fortification, WATSAN, dietary diversification, IYCF; expanded Nutrition and Health includes free bed nets for under 5 and pregnant mothers, iron supplements, Vitamin A, antibiotics for pneumonia, ORS treatment	Children under 5 and under 2, PLWHIV, OVC, deaf people,	All districts except Likoma and Mwanza
I-LIFE/WALA	Food Security Activities: Nutrition and health education, complementary feeding and learning, food processing & Preservation, C-IMCI, GMP, Supporting CTC and NRUs	Children under 2 and under 5, PLWHIV; total of 342 000 households	Nsanje, Chikwawa, Mulanje, Zomba, Machinga, Chiradzulu, Balaka, Thyolo
Consumers Association of Malawi	Activities: Advocacy on mandatory fortification law for salt and Likuni Phala. Food safety monitoring	All categories of consumers	All districts

* See Abbreviations list above for all abbreviations.

- Supervise implementing partners at district level.
- Provide technical support to area nutrition officers operating below the district level.

Districts visited by the assessment team were Chikwawa, Mchinji, Mzimba, Salima and Thyolo. Interviews were carried out with personnel working in the MoAFS, MoGCCD, the MoH and the MoE. In all these districts there was no chief nutrition, HIV and AIDs officer (CNHAO) and there was no evidence of adherence to the above mentioned TOR by the district assemblies.

In addition to the range of interventions at district level, Mzimba hospital conducts rapid testing for iodine in salt used by people in the village to monitor adequacy of iodine levels in salt. This is seen as an innovation that can be emulated by other districts. Since February 2009, Thyolo district has had a nutrition committee; this meets once in a month and aims to promote a district multisectoral approach to nutrition, another example of good practice.

Although the district level officers mentioned more nutrition interventions and activities, the list of nutrition activities supported by extension workers at community level were much fewer.

D. Community level nutrition interventions

The main issue relating to capacity at the community level in Malawi is that of community empowerment and decentralization. Programmes for growth monitoring and promotion and for micronutrient supplementation are most effective when communities and local governments are involved in their design and management. Nonetheless – as noted above – even if part of the rhetoric, decentralization, community participation and empowerment are rarely implemented effectively in Malawi. Unresolved issues include finding ways to ensure realistic decentralization and adequate participation levels in different environments, and management structures and processes that best encourage them.

Focus group discussions (FGDs) were held in the following villages: Salima, Kabudula and Lauji villages, Traditional Authority (T/A) Chikwawa, Msonthe village, T/AKambwiri, Muganso village, T/A Mambulabo, Mzimba (CBO) and Mchinji, T/A Mkanda. Some key observations arose from these discussions.

While respondents were familiar with agriculture extension development officers (AEDOs), it was asserted that nutrition-related activities are rarely a feature of the

AEDOs' work. Many CBOs and village committees have been formed to deal with nutrition-related activities, and extension workers available at grass-root level have become involved as resource persons. However, this is more prevalent in communities where an NGO presence is already established. In Salima, for instance, the AEDO tackles nutrition issues together with villages committees. In Mzimba, while the community said that they did not know of any community workers who address nutrition specifically, AEDOs indicated that they work with CBOs and village committees that have food-security and nutrition interventions.

In Mchinji the AEDOs and community development assistants (CDAs) are involved in teaching nutrition at village level. Nevertheless, a Focus Group Discussion (FGD) in Mchinji noted that *"There are not enough extension workers visiting our village. We used to have farm home assistants and home craft workers but they stopped coming a long time ago. These were the ones that taught nutrition and home improvement."* While most extension workers working at community level have a certificate from the NRC, nutrition is not their major subject and therefore they find it difficult to provide nutrition education.

Another issue contributing to inadequate nutrition capacity at community level in Malawi is concerned with the supervision, training and referral of extension workers. As noted above, field nutrition workers (whether volunteers or government personnel) are seldom adequately trained and supervised, or supported by a strong referral system. Overall, Focus Group Discussions expressed disappointment with the lack of support they received. For instance, in Chikwawa, one Focus Group Discussion member noted that: *"There aren't enough community workers in our area and therefore we are not taught about nutrition, we are only taught about how to plant crops."*

Priorities for community level interventions

- Home craft workers and farm home assistants should be re-employed.
- More extension workers who are dedicated to nutrition interventions, including paediatric nutrition education, are needed.

According to the experience of USAID's implementing partners, there has been some success when community workers such as health surveillance assistants (HSAs) are recruited from within their communities. Using volunteers such as community based distribution agents (CBDA) is also showing some success. Extension workers and volunteers require incentives that are community managed and provided. However, it is not certain whether recruiting more

community workers is the answer to the problem of how to increase nutrition capacity at community levels.

E. Development partners

Development partners are involved in supporting nutrition policy and strategy development. They also provide financing for implementation and capacity development through institutional support to training colleges and give scholarships to students for studies at university level. Development partners work with and through NGOs and support programmes of cooperation with line ministries. The European Union (EU), the Food and Agriculture Organization of the United Nations (FAO), Irish Aid, the United Nations Children's Fund (UNICEF), the United States Agency for International Development (USAID), and the World Food Programme (WFP) were the development partners consulted during this nutrition capacity assessment.

According to the NNPS, the mandate of the development partners' that support government ministries and NGOs in the implementation of nutrition interventions in Malawi include:

- Undertake high-level advocacy for nutrition among policy and decision-makers at all levels.
- Provide all requisite technical support.
- Assist in mobilizing additional resources for nutrition activities.
- Support analytical work to inform policy implementation and monitoring.
- Support implementation and monitoring and evaluation of the agreed nutrition sector plans and reporting requirements.
- Align their nutrition initiatives to the nutrition policy framework (the NNPS) for scaling up of the nutrition response and action in Malawi.

The following sections discuss the responses and actions of the different development partners consulted for the National Nutrition Capacity Development assessment.

Food and Agriculture Organization

Among other sources, the Food and Agriculture Organization of the United Nations (FAO) Malawi receives funding from the Flanders International Cooperation Agency (FICA) for the project "Improving Food Security and Nutrition Policies and Programme Outreach". Launched in 2008, the project has policy support and programme outreach components – the outreach programme covers two districts and targets 29 000 households. A food and

nutrition security policy adviser was recruited under the policy component to work with the government through the DNHA, under the OPC.

During the reporting year, FAO played a pivotal role in nutrition in Malawi. This was facilitated in part by the strategic placement of the food and nutrition security policy adviser. Through this technical assistance, FAO has facilitated nutrition policy, strategy and programme formulation and implementation. FAO has facilitated and supported the incorporation of food and nutrition security components into the Agricultural SWAp and the National Education Sector Plan (NESP), ensuring that dietary diversification, nutrition education and capacity development are adequately addressed through the agricultural sector; and also that school health and nutrition services are integral to and scaled up, as part of the basic education sub-sector in the country.

The role of FAO as a technical assistance agency supporting nutrition is highlighted and recognized in Malawi through the various policy forums and consultations held with government, UN agencies, NGOs, academia and donor representatives.

In 2008, FAO (in collaboration with UNICEF) supported a consultancy to assess the sample representativeness and validity of the national Food Security and Nutrition Surveillance System (IFSNSS), which had been handed over from Action against Hunger to the Government of Malawi at the beginning of this reporting period.

A complementary study was supported by the EU. Both studies concluded that although Malawi has a good nutrition surveillance system in place, the capacity of government to maintain the current system will require much capacity development and technical assistance.

Through technical support ("backstopping") missions of its Rome-based professionals, FAO contributes to the enhancement of the profile of FAO Malawi in nutrition and assists in garnering consensus on priority areas to facilitate food and nutrition security policy and programme work in Malawi. Consensus was reached on capacity development and nutrition education as immediate priorities.

FAO is supporting this capacity development assessment and will contribute to the formulation of a comprehensive capacity development strategy for Malawi. Based on such a strategy, FAO is expected to develop a programme to build the required capacity in the sector. It is also hoped that support will be identified for a national nutrition education strategy and programme.

The total budget for the FICA project “Improving food and nutrition policies and outreach project” is US\$ 5.5 million, out of which the policy component total budget is US\$ 775,000. The budget for nutrition in the outreach project is not separated. This is for 2008 to 2011 (three years). Under the UNDAF “One UN’ expanded funding window, there is approximately US\$ 1 million allocated for nutrition through FAO for 2010-2012.

United States Agency for International Development

Through its Health Section, the United States Agency for International Development (USAID) supports projects in Malawi that include fortification, maternal and neonatal health, water and sanitation, oral rehydration therapy (ORT) and management of childhood illnesses. These activities are implemented through partner agencies focusing on both prevention and treatment of malnutrition. The health section has one nutrition adviser coordinating and supporting nutrition interventions carried out by the partner NGOs outlined in Table 13:

As part of its contribution to developing human resources in nutrition, USAID will give scholarships to two students to be trained at master’s level at Bunda College in 2010.

In addition, USAID’s contribution in reducing child stunting is made through supporting interventions targeted at children under 2 years of age – to be healthy, well fed in a sustained way to prevent malnutrition.

At the time of the assessment, USAID’s financial contribution to its implementing partners for nutrition and nutrition related interventions as of 2009 is shown in Table 14.

Irish Aid

At the time of this assessment, Irish Aid was in the process of developing its country five-year assistance strategy for Malawi. The strategy’s core focus will be on strengthening

systems to improve food and nutrition security. Another key strategic aim is to provide governance support, through institutional support, to strengthen smallholder food production and household resilience.

Other elements will include: food-security interventions (concentrating on the diversification of agricultural production of legumes and tubers); community therapeutic care (CTC) roll-out; Vitamin A fortification, nutrition information and surveillance improvement; nutrition education, research and dissemination.

Support will also be given to policy and strategy coordination in order to assist government efforts. Resources will be made available to contribute to addressing key capacity gaps in nutrition.

In addition, Irish Aid would like to participate in a development partners’ round table discussion to examine priority areas that need nutrition capacity development support. Irish Aid would like to see stakeholders agreeing on a number of critical priorities for increasing nutrition capacity in Malawi that they can align their support to.

Currently, an investment of Euro 10 million per year is planned for the next several years in Malawi for the support of food security and nutrition interventions.

European Union

The European Union (EU) has been supporting sustainable nutrition rehabilitation and the national surveillance system with over Euro 6.5 million over a period of five years. The national level support through Action Against Hunger came to an end in 2007/8, and the DNHA assumed responsibility for continuing the surveillance system. However, because of institutional problems, including too little staff, the DHNA has so far not been able to fulfill this mandate and provide leadership to revitalize the nutrition-surveillance system.

TABLE 13: USAID SUPPORTED AGENCIES AND INTERVENTIONS*

Agency	Intervention
Concern World Wide	Supporting NRU in Dowa, Nkhotakota
Project Peanut Butter in Blantyre	Local procurement of materials – creating wealth and employment opportunities
BASICS and MSH	Child survival, technical assistance in national systems
UNICEF	Micronutrient and fortification project
I-Life	Food for peace aimed at improving food security. This is being done by a consortium of NGOs led by Care International.

* See Abbreviations list above for all abbreviations.

TABLE 14: USAID FINANCIAL SUPPORT TO ITS PARTNERS

Partner	Amount (USD)
I-Life	2 million per year
Concern World Wide	300,000 per year
BASICS	500,000 per year
UNICEF	200,000 per year
Project Peanut Butter	346,000 (one-off grant)

The EU supports NGOs implementing nutrition interventions in different districts in Malawi as follows:

- Danish Church Aid (DCA): Mangochi, Rumphu and Salima.
- Concern World Wide: Nkhotakota and Dowa.
- Care International: Salima and Ntchisi.
- COOPI: Lilongwe and Salima.

These NGOs are implementing activities that promote household nutrition and community based treatment of malnutrition.

A pilot school-feeding component focusing on the urban poor has also been included in the 2008–2013 EU country strategy for Malawi. About Euro 1.5 million (this may increase to Euro 1.9 million depending on how well the implementation is carried out) is earmarked for this activity for one year. This is expected to be coordinated by the DNHA.

Although the EU is not providing any support to training institutions, it has indicated that it can consider a proposal from government for this kind of support if submitted. Areas for future support by the EU were indicated as: reviving the surveillance system; and capacity development through training of line ministry staff up to Masters Degree level.

A total of Euro 15 million has been allocated for nutrition support in Malawi by the EU in its 2008–2013 strategy and Programme.

United Nations Children's Fund (UNICEF)

Three full-time staff members work in the nutrition unit of the United Nations Children's Fund's (UNICEF) health and nutrition section in Malawi. This number is adequate for UNICEF's mandate. From time to time UNICEF extends its capacity by bringing consultants for specific assignments. Officers from UNICEF's regional and headquarters offices also come and help with extending UNICEF Malawi's capacity as it supports government line ministries.

The implementing partners of UNICEF include: OPC's DNHA, MoH, MoGCCD, MoE, Action against Hunger, Africare, and the Italian NGO Cooperazione Internazionale (COOPI). UNICEF also has specific contracts with CC, Malawi Bureau of Standards, the Community Health Sciences Unit (CHSU), the Consumer Association of Malawi (CAMA), College of Medicine, Bunda College and the Christian Hospital Association of Malawi (CHAM).

UNICEF Malawi's programme investment in nutrition is in excess of US\$ 3 million per year.

World Food Programme (WFP)

The World Food Programme (WFP) in Malawi supports a comprehensive food-assistance programme through government and civil society organizations. The WFP nutrition programme has several components:

1. Therapeutic and supplementary feeding with three components of:
 - Therapeutic feeding (TF).
 - Supplementary feeding (SF).
 - Community therapeutic care (CTC).
2. Targeted nutrition programme (TNP).
3. Food fortification.

The WFP nutrition interventions have the following objectives:

1. To treat moderate malnutrition and contribute to reducing the prevalence of severe malnutrition and mortality among children under 5 years of age.
2. To provide a continuum of care to children under 5 who are discharged from therapeutic feeding through community-based management of acute malnutrition.
3. To treat acute malnutrition among under 5 children and among pregnant and lactating women to reduce low birth weight.

World Food Programme implementing partners are: MoH, Lutheran Mobile Clinic, Valid International, COOPI, Project Peanut Butter, InterAid, UNICEF and FAO.

Priorities for development partners

In order for nutrition capacity development to improve in Malawi, some priorities need to be addressed or considered by development partners. The following are the agreed priorities that the consulted agencies were committed to contributing towards:

- Joint coordination and resource allocation mechanisms;
- Joint planning of nutrition interventions.

- Support to the Malawi government for policy and strategy roll-out and oversight for nutrition capacity development.
- Providing support for implementing partners to focus on developing district and community level capacities.

F. Private sector nutrition interventions

According to the NNPS, the mandate of the private sector is to:

- Ensure that standards in production and marketing of high nutritive value foods are upheld.
- Monitor their own activities; and
- Link with the DNHA through a reporting system.

The private sector agencies consulted during the assessment are primarily those involved in food production, processing and fortification, including wheat flour and maize flour, and the Vitameal, Likuni Phala and Sibusiso brands.

Companies consulted were Bakheresa, Blessings Hospital, Capital Oil Refining Industries Ltd, Illovo, Peanut Butter Project, Rab Processors, Tambala Food Products, Unilever and Valid International .

These private sector agencies are mostly involved in food processing and marketing. Table 15 presents the range of activities carried out by these private sector agencies.

The companies consulted are involved in fortification of food products with iron, iodine and vitamin A. In this regard, the companies indicated that there is need for national standards for micronutrient requirements to be established and enforced. There is also need to raise consumer awareness on fortification and establish appropriate monitoring and control mechanisms to ensure that the quality of fortified food products is achieved and maintained by the companies involved.

Priorities for private sector

- Processing high-quality and nutritious foods.
- Setting of national standards for micronutrient requirements.
- Consumer awareness on fortification.
- Capacity development of monitoring services (Malawi Bureau of Standards).

G. Opportunities for nutrition capacity development interventions by different agencies

Among all the stakeholder groups consulted in the assessment, there were agreed action points for enhancing

TABLE 15: PRIVATE SECTOR NUTRITION WORK AND CONTRIBUTION

Vitamin A fortification	
Product	Agency
Bread flour	Bakheresa
Maize flour	Rab Processors
Cooking oil	Unilever, CORI
Sugar fortification	Illovo – (in pilot stages)
Iron fortification	
Maize flour	Rab Processors

capacities and capabilities of the various agencies in contributing to combating malnutrition in Malawi effectively.

An analysis of the various needs and opportunities for nutrition capacity development in Malawi by various stakeholders indicated that the following elements were essential:

1. Support to line ministries and other implementing partners for recruitment of officers to fill existing vacancies.
2. Training of new technicians and nutritionists.
3. Institutional support for capacity enhancement for training colleges to increase intake and output of graduates in nutrition.
4. Increased financial investment for scaling up nutrition interventions throughout the country (moving from selected geographical focus).
5. Providing support for in-service training of existing staff in government and other implementing agencies at all levels including community.
6. Support to improve nutrition curricula and modules.
7. Rehabilitation of rural training centres and support to line ministries to start utilizing these centres for in-service training and special courses in nutrition.
8. Support to line ministries and implementing partners to undertake nutrition surveillance throughout the country.
9. Support for improving the monitoring and evaluation of nutrition interventions.
10. Support to the DNHA for the effective coordination and support to line ministries for the effective implementation of the NNPS.

H. Work programme in management and capacity development in nutrition

The following are suggested priorities for a work programme in management and capacity development in nutrition in

Malawi. The size of the nutrition portfolio and the centrality of capacity-development problems to Malawi's human wellbeing call for the creation of a small core team to work on these issues:

1. Preparing case studies of successful nutrition projects and programmes, focusing on what they did right in management and capacity development, and which issues they left unresolved. This is a gap in the current nutrition literature, which focuses mainly on technical design and impact evaluation.
2. Developing practical procedures for sectoral institutional analysis and strategy development.
3. Joint development of such procedures with the donor community would be a useful first step toward building a donor partnership to address nutrition-management issues.
4. Applying these procedures to preparing some best-practice nutrition projects with strong emphasis on capacity development, co-financed by UN agencies, and by bilateral partners. These projects would be an opportunity to test new approaches to donor cooperation.
5. Assigning individuals or creating groups to focus on management and capacity-development issues in nutrition, with a mandate to act as a clearing house for information; to contribute to the tasks suggested above; and to disseminate work programme results to agency staff and developing country partner institutions.

5 CONCLUSIONS AND RECOMMENDATIONS

This assessment has highlighted the main issues, gaps and challenges in nutrition capacity development in Malawi while pinpointing activities different nutrition stakeholders are carrying out to improve the situation. Below is a summary of the identified nutrition capacity development gaps and needs in Malawi:

1. Inadequate human resource at all levels, but mostly in government.
2. Limited financial resources for nutrition programmes.
3. Inadequate institutional, policy and sectoral analysis capacity in nutrition.
4. Inadequate coordination mechanism of nutrition programmes.
5. Poor coordination of and among development partners supporting nutrition interventions in the country.
6. Limited capacity of training institutions to produce the required numbers and quality of nutrition professionals.
7. Limited numbers of staff and limited training opportunities for the available staff because of funding constraints.
8. Poor and inadequate equipment, materials and infrastructure including laboratories.
9. Poor reporting and access to information (general, scientific information from the Internet and international workshops). Limited sharing of information internally also contributes to inadequate dissemination of available information on nutrition issues.
10. Limited number of adequately qualified teaching staff (e.g. few university lecturers have Ph.Ds).
11. Limited sustainability of programmes.
12. Inadequate transport for field work (difficult mobility in communities).

In order to move forward these key recommendations are summarised below:

Key recommendations

A. Nutrition task force and action planning

1. A capacity development task force should be established or formalized if one already exists. Its mandate should include the advancement of the capacity development agenda further and the guidance of the process of developing a national nutrition development strategy and action plan.
2. One of the task force's first activities should be to review the final capacity assessment report, for prioritizing capacity development actions and for drawing up a draft action plan and budget.
3. The DNHA/OPC and FAO should convene a second workshop at which the action plan would be reviewed and a final programme implementation document prepared.
4. The assessment needs to be followed by the preparation of a comprehensive capacity development strategy and plan of action. These strategies and actions should lead to the design of capacity development programmes and activities aimed at addressing the main nutrition problems and concerns in Malawi.
5. The capacity gaps identified should be used to inform the development of specific capacity enhancement strategies and action plans for 2009–12.

B. Policy and strategy

1. With the leadership of the DNHA, the Malawi government should finalize and launch the NNPS.
2. Through the DNHA, government should roll out and mobilize stakeholders for the large scale implementation

of the NNPS. This document serves as a reference for establishing action plans for nutrition and to mitigate adverse impacts on nutrition, especially among the most vulnerable groups of the population.

3. The NNPS should be used to complement other development strategies, notably with regard to food security.
4. The NNPS should be used to attract financial support from national and international development partners as well as the private sector.
5. The Malawi government should strengthen the coordination of all sectors linked to nutrition.
6. Legislation associated with nutritional issues should be harmonized and enacted in Malawi.
7. Financial investment levels for nutrition capacity development and programming should be increased.
8. Networks and identified best practices and successful models of community projects in target districts to model and scale up interventions should be used and strengthened.
9. A focused advocacy strategy that is designed to convince national policy and decision-makers of the role of nutrition in the development process and of the need for greater investment in capacity development to achieve nutrition goals should be developed.

C. Nutrition human resources

1. Establish a system for monitoring the nutrition workforce that includes the numbers of nutritionists employed in and an assessment of recruitment by key sectors. This should start with the health sector, in community health services, and in local government, in MoAFS, the Food Standards Agencies and in the MoH.
2. Encourage a national approach to career and professional development of community nutrition professionals, in order to deliver effective community based nutrition services. This should include agreement on a common professional title.
3. Encourage professional community nutrition workers to join a professional register and a professional body, such as the Nutrition Society, which will be able to support continuing professional development.
4. The Nutrition Society and partners in the nutrition professions should work with the Malawi government to determine the competencies and training needs of qualified nutrition professional and associate professional staff, and of nutrition support staff (assistants and helpers) to deliver relevant development policies throughout Malawi.
5. A further study should be conducted to obtain a more in-depth understanding of human resources needs at

community level and how they could be addressed most effectively through existing structures.

6. Increase number of community facilitators and strengthen the volunteer system.
7. Increase and improve the capacity of training institutions to provide both pre- and in-service courses in nutrition; and to boost the intake of students.

D. Coordination and harmonization

1. All stakeholders in nutrition should redefine roles and responsibilities among government departments, NGOs, private sector, training institutions and development partners' agencies.
2. Development partners in Malawi need to provide more support for capacity assessment and development, operational research, and the building of policy-research-training programme networks. In order to address the serious gaps and weak complementarities by organizations implementing nutrition activities at community level, stakeholders must coordinate effectively at all levels, especially at district and community level where it is vital that capacities are increased.
3. Harmonization of approaches and achieving synergies among different agencies is crucial for comprehensive programming to reduce levels of malnutrition; therefore, improved coordination, integration and convergence mechanisms among nutrition agencies are needed.
4. Joint planning and management of programmes needs to be improved to avoid duplication of effort by different agencies.
5. Each organization needs to advocate for nutrition in line with its mandate. Universities and training institutions have an important role to play in preparing adequately qualified nutritionists, focusing on both theoretical and practical learning in nutrition.

E. Training institutions

1. Training institutions need to conduct curricula analysis to strengthen practical application of nutrition in the field, ensure training is relevant and to produce high-quality graduates at all levels.
2. Develop new and sustain existing short courses that meet immediate human-resource development needs.
3. Define the required competencies and design appropriate curricula for on-the-job training in order to enhance the effectiveness of people working in nutrition.
4. Provide comprehensive in-service training to existing line ministries and NGO personnel working at community level.

5. Increase knowledge and skills of nutrition human resources to ensure more effective programme delivery.
6. Develop strong capacity for action-oriented research that is guided by the need to assure long-term institutionalized commitment, maintenance, sustainability and ownership by the beneficiaries that will drive the nutrition agenda.

F. Monitoring and evaluation

1. Develop a sustainable robust nutrition surveillance system.
2. Regarding fortification of food products with iron, iodine and vitamin A, work is needed to set national

standards for micronutrient requirements, raise consumer awareness on fortification and to establish appropriate monitoring and control mechanisms to ensure the quality of fortified food products.

3. Development partners should also attach greater priority to encouraging and supporting the monitoring and evaluation of both capacity development and programme performance, so as to better know what works, where and to disseminate success stories more widely.
4. Development partners should also periodically evaluate themselves from a capacity development perspective.

ANNEX 1

Assessment workplan

Activity	Dates	Where/Who	Information
Assignment Briefing	5–16 Jan 2009	Policy Adviser PS Director Resident Rep FAO	Understanding of the Vision and Objectives, Scope and Expected Outcomes of the assignment.
Desk Study and Questionnaire/Tool Design	17–30 Jan 2009	Consultants	Understanding other sources of information, Review the current NNPSP with special emphasis on capacity development and existing literature on HR requirements of the NNPSP. Develop a work plan, data collection methodology. Develop questionnaires for the various qualitative and quantitative assessments. Review methodology with the DHNA and FAO Malawi and Headquarters, and other stakeholders.
Consultations	2–28 Feb 2009	Policy Advisers Policy Regulators Training Institutions Development Partners Policy Implementers Private Sector	Get approval for the methodology from the DHNA and FAO (which also needs to authorize travel). Administration of questionnaire Collect data from national, regional and district institutions, including colleges and universities.
Field Consultations		DCs District Officials, traditional leaders and community members, extension workers	
Data Analysis and Report Writing	1–20 March 2009	Consultants	Data collected is analysed and interpreted.
1st Draft	21 March 2009	Consultants	Draft report is written and presented to DNHA and FAO.
Comments received from stakeholders	31 March 2009	Consultants	Comments and changes received for incorporation into the report.
2nd Draft	6 April 2009	Consultants	Feedback and proposed changes to the report are received and used to make corrections and improvements in the report.
Preparations for Workshop	7–20 April 2009	Consultants	Working with FAO policy adviser and DNHA to plan and prepare for the workshop.
Workshop	21–24 April 2009	Consultants, Stakeholders	Report is presented along with key policy issues and nutrition capacity context in Malawi.
Draft Report on Stakeholders Workshop	30 April 2009	Consultants	Contributions from Workshop are used to incorporate into the final assessment report.
Final Report	10 May 2009	Consultants	Final report is submitted.

ANNEX 2 Assessment tool

1 General information

Please fill out the following basic information about your organization

Name of organization/institution	
Contact person/Title	
Technical contact person	
Phone	
Address	
Fax	
E-mail	
Interviewer	
Date when the institution was established	
Date of interview /completing questionnaire	

2 Sector of institution/organization regarding nutrition

(Please tick the relevant ones)

Sector of Institution/Organization	Tick here
Development Partners	
NGO/Civil Society	
Private Sector	
National Level in Govt	
District Level	
Others (specify)	

3 What type of nutrition interventions, area of focus, or programmes are you involved in according to relevant policies?

4 Organization/institution capacity in nutrition

Please fill in the table below for all the post of the organization

Title of the post	Recommended positions	Established post	No of posts filled	Recommended qualification of post holders	Qualification of post holders

General remarks:

1. Establishment:

2. Qualification:

5 Pre-service training

5a. Fill in this section only if your institution/organization offers training services

Training levels	Recommended training disciplines	Training duration (years)	Is it presently administered (Yes/no)	Total recommended annual enrolment (from first to final year of specialization)	Current enrolment (from first to final year of specialization)	Job opportunities
Certificate	Home Economics & Nutrition					
	Human nutrition					
	Nutrition & HIV Aids					
	Nutrition & Livelihood					
	Nutrition education					
	Community Nutrition					
	Others (Specify)					

Training levels	Recommended training disciplines	Training duration (years)	Is it presently administered (Yes/no)	Total Recommended annual enrolment (from first to final year of specialization)	Current enrolment (from first to final year of specialization)	Job opportunities
Diploma	Home Economics & Nutrition					
	Human nutrition					
	Nutrition & HIV Aids					
	Nutrition & Livelihood					
	Nutrition education					
	Community Nutrition					
	Others (specify)					
Degree	Home Economics & Nutrition					
	Human nutrition					
	Nutrition & HIV Aids					
	Nutrition & Livelihood					
	Nutrition education					
	Community Nutrition					
	Others (specify)					
Masters	Home Economics & Nutrition					
	Human nutrition					
	Nutrition & HIV Aids					
	Nutrition & Livelihood					
	Nutrition education					
	Community Nutrition					
	Others (specify)					
PhD	Home Economics & Nutrition					
	Human nutrition					
	Nutrition & HIV Aids					
	Nutrition & Livelihood					
	Nutrition education					
	Community Nutrition					
	Others (specify)					

General remarks:

NB: the data provided should combine enrolment of nutrition students from the first to year of finalization e.g. if the programme is for 4 years and specialization starts in third year then combine enrolment for both third and fourth year enrolment.

5b. Indicate which discipline is administered and please attach a copy of curricula for each discipline. If there is no curricula then list the subjects

Training levels	Recommended training disciplines	Recommended	Is it presently administered (Yes/no)
Certificate	Home Economics & Nutrition		
	Human nutrition		
	Nutrition & HIV/AIDs		
	Nutrition & Livelihood		
	Nutrition education		
	Community Nutrition		
	Others (Specify)		
Diploma	Home Economics & Nutrition		
	Human nutrition		
	Nutrition & HIV Aids		
	Nutrition & Livelihood		
	Nutrition education		
	Community Nutrition		
	Others (specify)		
Degree	Home Economics & Nutrition		
	Human nutrition		
	Nutrition & HIV Aids		
	Nutrition & Livelihood		
	Nutrition education		
	Community Nutrition		
	Others (specify)		
Masters	Home Economics & Nutrition		
	Human nutrition		
	Nutrition & HIV Aids		
	Nutrition & Livelihood		
	Nutrition education		
	Community Nutrition		
	Others (specify)		
PhD	Home Economics & Nutrition		
	Human nutrition		
	Nutrition & HIV Aids		
	Nutrition & Livelihood		
	Nutrition education		
	Community Nutrition		
	Others (specify)		

General remarks:

5c. In Service Training Please fill in the types of training offered and attach curricula. If there is no curricula list the subjects.

Type Of Training Offered	Courses/Subjects	Is the training planned? (Please tick)	Is the training <i>ad hoc</i> ? (Please tick)

5d. Has your institution done any training needs assessment? **Yes** **No** (Tick one)

If yes what were the objectives and when did you do it?

How have the training needs assessments assisted in developing your curricula?

6 Record of actual and planned nutrition personnel

6a. Record of Nutrition related trained personnel from the institution

Level of training	Area of Specialization	Number of graduating personnel			
		2004/05	2005/06	2006/07	2007/08
Certificate level	Human Nutrition				
	Food Security and Nutrition				
	Dietetics				
	Others				
Diploma level	Human Nutrition				
	Food Security and Nutrition				
	Dietetics				
	Others				
Degree level	Human Nutrition				
	Food Security and Nutrition				
	Dietetics				
	Others				

Level of training	Area of specialization	Number of graduating personnel			
		2004/05	2005/06	2006/07	2007/08
Masters level	Human Nutrition				
I	Food Security and Nutrition				
	Dietetics				
	Others				
PhD Level	Human Nutrition				
	Food Security and Nutrition				
	Dietetics				
	Others				

6b. Record of planned nutrition related trained personnel from the institution

Level of training	Area of specialization	Number of graduating personnel				
		2008/09	2009/10	2010/11	2011/12	2012/13
Certificate level	Human Nutrition					
	Food Security and Nutrition					
	Dietetics					
	Others					
Diploma level	Human Nutrition					
	Food Security and Nutrition					
	Dietetics					
	Others					
Degree level	Human Nutrition					
	Food Security and Nutrition					
	Dietetics					
	Others					
Masters level	Human Nutrition					
	Food Security and Nutrition					
	Dietetics					
	Others					
PhD Level	Human Nutrition					
	Food Security and Nutrition					
	Dietetics					
	Others					

7 Availability of infrastructure and equipment

Please check the most appropriate ones

Required No.	No. Available	No. Functioning	Remarks
Computers			
Internet			
Photocopiers			
Printers			
Anthropometry equipment			
Dietary Assessment equipment			
Office space			
Nutrition Rehabilitation Centres			
CTCs			
Transport			
Others			

8 Availability of financial resources

8a. Financial resource inflows for nutrition to the institution /Dept /Ministry

Fiscal years							
2005/06		2006/07		2007/08		2008/2009	
Approved	Actual	Approved	Actual	Approved	Actual	Approved	Required

8b. Sources of Nutrition Funding to the institution /Dept /Ministry

Fiscal years							
2005/06		2006/07		2007/08		2008/2009	
Type of programme	Name of donor	Type of programme	Name of donor	Type of programme	Name of donor	Type of programme	Name of donor

9 What are the institutional nutrition capacity challenges you are experiencing and proposed solutions?

Area of concern	Challenge	Proposed solution	Action being taken
Human resources capacity			
Institutional framework (structure)			
Training and curriculum			
Implementation			
Institutional infrastructure			
Financial resources			
Other material resources			
Coordination			
Policy Development			
Planning			
Funding			

10 What are the nutrition capacity opportunities available to your institution and how you are exploiting them?

Area of concern	Opportunity	What is being done to exploit the opportunity	Comment
Human resources capacity			
Institutional framework (structure)			
Training and curriculum			
Implementation			
Institutional infrastructure			
Financial resources			
Other material resources			
Coordination			
Policy Development			
Planning			
Funding			

General remarks:

11 In your capacity as indicated in (2), how do you think can nutrition capacity be improved? Please indicate what can be done, what is feasible and how can it be done?

12 What role can your organization play to improve capacity? Please indicate as many as you can

ANNEX 3

List of stakeholders consulted

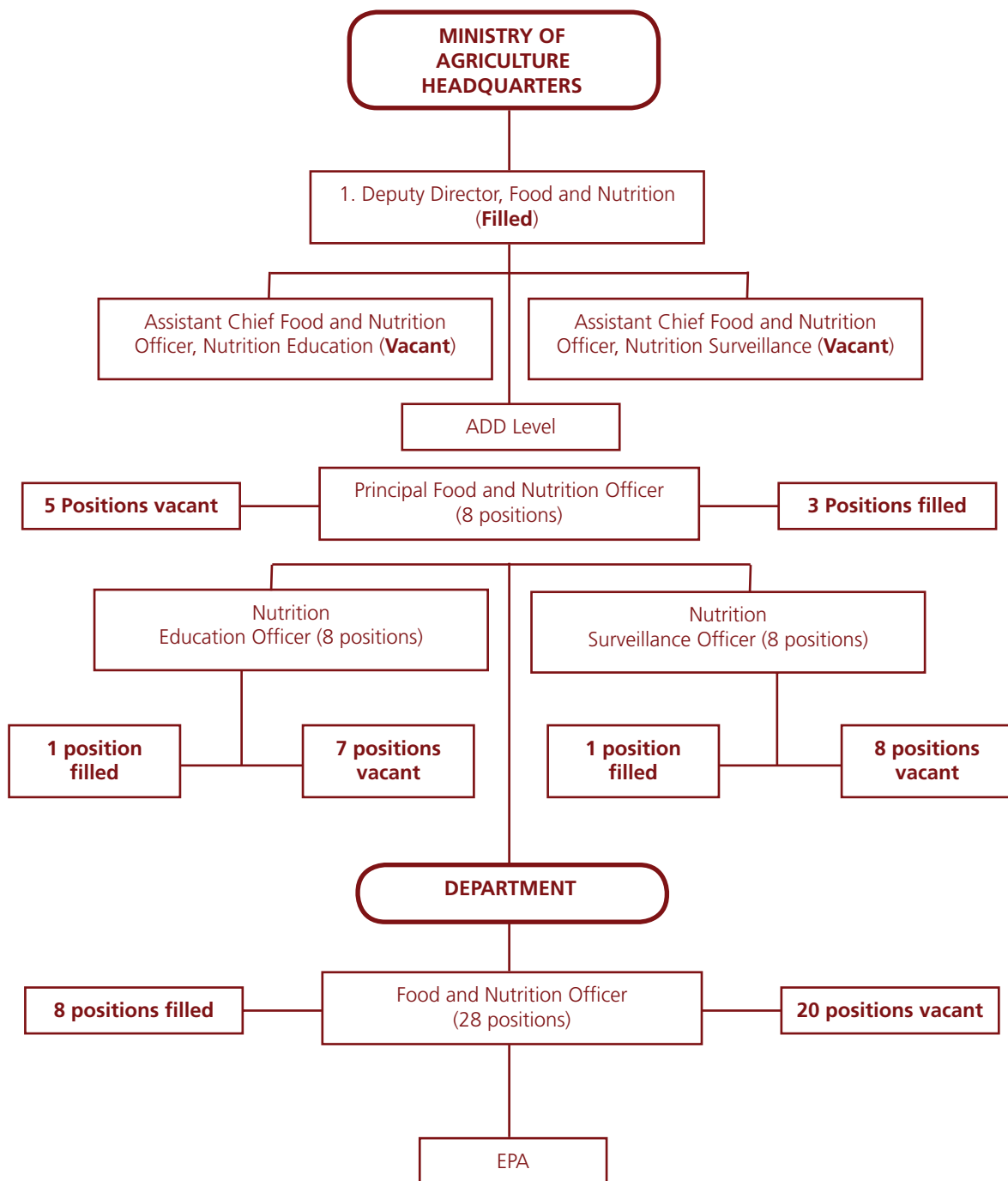
Stakeholder Category	Stakeholder	Dept to be Contacted
Policy Formulation and Implementation	Dept of Nutrition /HIV/AIDs	Planning
	Min of Health	1.Nutrition Unit 2.Director Of Clinical Services 3.Human Resource 4.Planning
	Min of Agriculture	1. Nutrition Unit 2. Human Resource 3. Planning 4 Programme Manager ADD 5. Food and Nutrition ADD
	Min of Women	1. Social Welfare 2. Community Dev 3. Tech Officers 4. Human Resource 5. Planning
	Min of Education	Planning Director
	Min of Local Govt	Human Resource Director of Local Govt Services
	Min of Youth	Human Resource Director Of Youth Services
	Min of Information	
	Min of Economic Planning	
	Min of Finance and Accountant General	
	Dept of Human Resources	
	Districts 5 (1 in the North, 2 Central and 2 in Southern) Regions respectively	DC District Health Officer DADO District Social Welfare Officer District Nutrition Officer District Health Environmental Officer
	Community Level	T/As AEDO HAS CDA Primary school teachers
Policy Implementation	World Vision Centre office (1-2 ADPs)	
	Action Aid	
	I Life (2) of the consortium	
	Clinton Hunter Foundation	
	Concern Universal	

Stakeholder Category	Stakeholder	Dept to be Contacted
	Concern World Wide	
	Basics	
Development Partners	WFP UNICEF USAID EU Irish Aid FAO	
Training and Consultancy	Bunda College Chancellor College College Of Medicine Kamuzu College Of Nursing Natural Resources College Centre For Social Research	H/Economics
Policy Regulators	CHAM MBS	Standards
Private Sector	Rab Processors Tambala Food Products Unilever Illovo Bakheresa Blessings Hospital Valid International Peanut Butter Project CORI CAMA	

ANNEX 4

Implementation structure Nutrition Branch, Ministry for Agriculture

The Ministry of Agriculture and food security has an establishment of 3 positions at the DAES head quarters level, 24 positions at ADD level and 28 positions at the district level. However, there are no established positions for Nutrition at the Extension planning area level (EPA level).



ANNEX 5

Courses offered by training institutions

Table A5.1: Pre-service training offered by training institutions

Insti-tution	Type of course offered	Duration	Topics covered /curricular content
KCN	Diploma in Nursing	2 years	<ul style="list-style-type: none"> • Introduction to the study of nutrition • Principles of nutrition, Assessment of nutrition status • Factors that affect nutrition health, Nutrition in Health Promotion • Common Nutrition problems in Malawi • Nutrition programmes in Malawi • For the B.Sc. course, nutrition is taught as a component of Community Health Nursing that includes aspects of Human Nutrition, Community Nutrition, Nutrition HIV/AIDs
	B.Sc. in Nursing & Midwifery Nutrition teaching done in Year 1 currently with 50hrs of content.	4 years	
COM	Basic Medical Science	5 years	<ul style="list-style-type: none"> • Integrated courses in nutrition. This is not a standalone course. The training runs as a stream throughout the Medical training. • Additionally there is a module (1 week full time) on introduction to nutrition for <p>Other activities:</p> <ul style="list-style-type: none"> • Research interventions on the use of Lipid Based Nutrition Supplements (LNS) for the prevention of malnutrition. • Conducting a series of acceptability, efficacy and effectiveness clinical trials to test the use of LNS for preventing malnutrition in Mangochi • Research interventions on the use of modified RUTF for treatment of severe and moderate malnutrition. • Research studies, clinical trials on the use of RUTF for dietary supplementation in people living with HIV/AIDs (PLWHA) • Multidisciplinary operational research involving agriculture, environment and health interventions and resource economic studies for the improvement of health and nutrition status of local community in Lingwena health centre • Micronutrient deficiency studies also looking at Soil micronutrients deficiency and dietary intakes.
	Masters in Public Health	2 years	
CC	B.Sc.	4 years	<ul style="list-style-type: none"> • Home economics and nutrition • Education and Home Economics <p>Other activities:</p> <ul style="list-style-type: none"> • Research and Consultancies • Voluntary services in various aspects such as development of manuals for nutrition related services
	B.Ed.	4 years	
BC	1. B.Sc. in Human Nutrition and Food Science	4 years	Human nutrition and food science
	2. B.Sc. in Family Science	4 years	Family Science
	3. M.Sc. in Human Nutrition and Food Science	2 years	Human nutrition and food science Other: <ul style="list-style-type: none"> • Research in Micronutrients and Food product development • Nutrition and HIV/AIDs • Dietary Diversification and Management of nutritional pathology • Food processing and preservation • Consultancies and contributions to government coordination forums
NRC	Diploma in Agriculture	2.5 years	Food Nutrition and Livelihood Security

ANNEX 6

Summary of nutrition interventions

Table A6.1: Summary of nutrition interventions by government ministries and departments, districts and communities; and NGOs in Malawi

Intervention	MoAFS	MoGCCD	MoH	OPC	MoEd	District & Community	NGOs
Policy and strategy development and review	✓	✓	✓	✓	✓		
Nutrition education	✓	✓	✓	✓	✓	✓	✓
Development and dissemination of IEC materials on food preparation, preservation, storage, consumption, prevention of micronutrient deficiencies	✓	✓	✓	✓	✓		
Nutrition surveillance	✓	✓	✓	✓	✓	✓	✓
Maintaining standards of nutrition and service delivery	✓	✓	✓	✓	✓		✓
Establishing implementation structures, supervision, monitoring and evaluation.	✓	✓	✓	✓	✓		✓
Food and nutrition security with a focus on diversified agricultural production in crops and livestock	✓					✓	✓
Food processing technologies	✓					✓	✓
Prevention of micronutrient deficiencies			✓	✓		✓	✓
Nutrition support to PLWHAs			✓	✓		✓	✓
Prevention and treatment of malnutrition to under fives, mothers, adolescents and the aged.			✓	✓		✓	✓
Nutrition and HIV/AIDS			✓	✓		✓	✓
Nutrition related Advocacy			✓	✓			✓
Feeding children in ECD centres, NRU and supplementary feeding to pregnant and lactating mothers		✓	✓			✓	✓
Community Therapeutic Care- Have 95 -NRU, 222-OTP		✓	✓			✓	✓
School Meals programmes					✓	✓	✓
School gardens, orchards and kitchen demonstration gardens					✓	✓	✓
Micronutrient supplement to all Schools in Malawi					✓	✓	
Micronutrient deficiency prevention	✓		✓				✓
Nutrition Research and development	✓		✓				

Table A6.1: Summary of nutrition interventions by government ministries and departments, districts and communities; and NGOs in Malawi (continued)

Intervention	MoAFS	MoGCCD	MoH	OPC	MoEd	District & Community	NGOs
Promotion of exclusive and optional breastfeeding			√			√	√
Food utilization and dietary diversification education						√	√
Sensitizing communities on nutritional issues	√		√			√	√
Formulation of groups and training on food processing and utilization						√	√
Formation of community based child care centres						√	√
School-feeding programmes including an incentive programme for girls						√	√
High attendance girls take home ration in reward for attending school for at least 18 days a month						√	
Nutrition supply to teachers with HIV/AIDS						√	
Community Therapeutic Care Salima -5 NRUs 13 Sites for both OTP and SFP 5 Sites Nutrition Surveillance 4 Sites PD Hearth by Care Malawi						√	√
Communal gardens						√	√
Improved Sanitary Structures						√	√
Raising of small stock livestock e.g. goats, poultry						√	√
Indigenous vegetable growing						√	√
Vegetable and fruit preservation using solar driers						√	√
Promotion of non-traditional recipes						√	√
Economic empowerment by training communities in agribusiness e.g. piggy, winery, bee-keeping						√	√
Growth monitoring and promotion for under 5 clinics						√	√
Dietary management of nutrition conditions						√	√
Treatment of nutritional disorders						√	
Iodized salt monitoring at household level using rapid testing (Mzimba only)						√	√
Diversified diets for household food security and nutritional acquisition						√	√

Table A6.1: Summary of nutrition interventions by government ministries and departments, districts and communities; and NGOs in Malawi (continued)

Intervention	MoAFS	MoGCCD	MoH	OPC	MoEd	District & Community
Iron supplement to pregnant women						✓
Establishment of herbal gardens, kitchen gardens, school gardens						✓
Development and dissemination of nutrition messages						✓
Nutrition surveillance and dissemination of results periodically						✓
Food processing, preservation, storage and utilization						✓
Training of HSAs and clinical officers, including nutrition as a subject			✓			
Paediatric, adult and adolescent nutrition (CTC)			✓			✓
Cooking demonstrations and use of stoves that use less energy						✓
Nutrition for PMTCT mothers who are exclusively breast feeding up to 6 months to 1 year						✓
In-patient nutrition at health centres and district hospitals			✓			✓
Multi mix food processing at Community level (PD Hearth)						✓

ANNEX 7

Nutritional capacity opportunities available to various agencies

Table A7.1: Nutritional capacity opportunities

Agency	Opportunities
Government ministries at national level	D NHA spearheads policy development Meetings with NGOs and development partners its an opportunity to boost nutrition activities Political environment is enabling Implementation support to districts and NGOs Human resource development
DISTRICTS	
SALIMA	
MoAFS	Training of AEDOS combining general agriculture with nutrition Coordination of nutrition stakeholders through DC's Office
MoGCCD	Availability of CDAs and CDFs from NGOs Availability of CBOs in all TAs, nutrition messages are carried out through caregivers Financial resources from other projects assist in training
MCHINJI	
MoH	Availability of HSAs who have some knowledge of nutrition
MoAFS	Availability of AEDOs who have gone through some form of training
MoGCCD	Members of staff have at least basic skills to carry out Nutrition activities through FUDD Availability of ORB funds which can be used for a few activities Availability of other sectors and CSO dealing with food security, at times the sectors implement activities jointly
MZIMBA	
MoH	Available staff are committed to undertake nutrition activities Gets funding from NGOs such as Everychild, WVI Coordination with other sectors is "perfect"
MoAFS	Availability of staff though not well trained in nutrition TNP has assisted in coordination with other Stakeholders
THYOLO	
MoH	2 NGOs have nutrition coordinators who carry out supervision at DHO
MoE	<ul style="list-style-type: none"> • Availability of teachers who can be trained to carry out nutrition activities (e.g. others were trained to administer deworming) • Iron tablets, other teachers assist in school-feeding programme • Room for creation of the post of nutritionist • Communities encouraged to contribute towards infrastructure and are ready to do it • School health and nutrition coordinator who acts as a link person for the school health and nutrition programme (non-established post) • There is a budget that can take in nutrition
NGOs	
I-Life	<ul style="list-style-type: none"> • Involving interns from Bunda in I-life Programmes • Nutrition meetings and TWG meetings
Valid International	<ul style="list-style-type: none"> • Increased interest in private sector regarding funding

Agency	Opportunities
Action Aid	<ul style="list-style-type: none"> • Staff and Community awareness through workshops • Partnership Collaboration
Training Institutions	
CoM	<ul style="list-style-type: none"> • Have a pool of trained medics with a nutrition interest, and some training in nutrition who can be used to develop nutrition- • There are plans to link community nutrition activities (basic, operation, research and service) with clinical activities which are mostly service provision to NRUs and training as well as research. • Masters in Public Health is a vehicle which can be used to offer specialist training in nutrition at post graduate level • Development of Rudimentary curriculum
CC	<ul style="list-style-type: none"> • Availability of staff in Chemistry dept who handle some Chemistry related courses • Laboratories in other departments (Biology and Chemistry) which could be used by nutrition students • There is a curriculum review to cater for people requiring to do short term courses like Diploma in nutrition
NRC	<ul style="list-style-type: none"> • Well qualified staff and access to well qualified hired staff. • Have adequate Classrooms and Laboratories • Able to recruit students according to target • Good coordination with DNHA
BC	<ul style="list-style-type: none"> • Nutrition is high on Govt agenda e.g. DNHA in OPC and will therefore expand training programme and design in-service courses for serving officers • Conduct research

ANNEX 8

Nutrition capacity improvement plans and recommendations

The various stakeholders identified what needs to be done for them to contribute to the nutrition capacity development in Malawi. Table A.8.1 presents plans and recommendations by institution.

Table A8.1: Nutrition capacity improvement plans and recommendations by agency

Organization	Suggested improvements in nutrition capacity development
MoAFS	<ul style="list-style-type: none"> • Create capacity development plan and formulate project proposals for sourcing funds.
	<ul style="list-style-type: none"> • Encourage employees to be on the look out for scholarships through the Internet, newspapers and other networks.
	<ul style="list-style-type: none"> • Organize refresher courses, short courses and field studies within and outside the country.
	<ul style="list-style-type: none"> • Strengthen nutrition programmes by developing special policies, plans, guidelines, curriculum, institutional framework, and special funding to existing programmes.
MoGCCD	<ul style="list-style-type: none"> • Provide funding towards ECD programmes for nutrition. • Train ECD workers and caregivers in nutrition. • Empower communities with funding and training in nutrition for ECD programmes.
MoH	<ul style="list-style-type: none"> • In-service training of all workers and decision-makers in nutrition. • Improve capacity for all PLWHAs through provision of food. supplements to improve there nutrition status thereby improving nutrition capacity for all. • Operational research in the field of nutrition. • Train community workers to deliver service at household level to sustain change in behaviour. • Provide nutrition education to beneficiaries using the nutrition therapy. • Specialized training for nutritionists. • Fill in nutrition positions in all stakeholder institutions with adequate resources for service provision. • Availability of nutrition consolidated fund to support all stakeholder activities. • Monitoring and Evaluation Specialist
	<ul style="list-style-type: none"> • Provide equipment for ECD and nutrition.
MoE	<ul style="list-style-type: none"> • Develop policies and strategies for mainstreaming nutrition in child and community development. • Train 6 division coordinators and 34 SHNA coordinators in management and coordination. • District SHNHA post to be fully established in Ministry of Education. Entry qualification should be specified. Diploma in Nutrition from NRC, or B.Sc. from Bunda, B.Ed. Home Economics from Chancellor College. • At national level, it is necessary to have policy development and implementation courses for directors, chief and principal officers. • All focal point officers need to have background of nutrition. • Regular update e.g. in training, information sharing, taking one message to the people. • Training should also be in Anthropometry equipment and post-graduate Diploma in nutrition. • Training institutions should coordinate and obtain the needs of stakeholders. • There should also be a course in Clinical Nutrition and Diet.
DISTRICTS	
CHIKWAWA	
MoGCCD	<ul style="list-style-type: none"> • Training of field staff CDAs to diploma and degree level. • Revive home craft workers. • Need to have Nutrition Coordinator at district level. • Special funding for nutrition activities. • Recruit clinical nutrition officers.

Organization	Suggested improvements in nutrition capacity development
SALIMA	
MoH	<ul style="list-style-type: none"> • Reintroduction of Home Craft Workers. • Revision of curriculum for medical officers. • Reintroduce farm home assistants at EPA level. • Refresher courses for AEDOS.
MoAFS	<ul style="list-style-type: none"> • Organize Food and Nutrition Courses Farmer groups. • Facilitate food fairs. • Develop traditional recipes. • Encourage communities to grow indigenous crops (e.g. Chisoso, Bonongwe). • Raise rabbits.
MoGCCD	<ul style="list-style-type: none"> • Train staff at all levels. • Have some funds for cooking demonstrations. • Govt should increase the prices of Soya and pigeon peas to encourage farmers to grow these crops. • Increase number of NRUs. • Roll out CTCs to other health centres. • Increase Human Capacity in nutrition through training of CTC providers and other nutrition trainings. • Compile nutrition profile for the district.
MCHINJI	
MoH	<ul style="list-style-type: none"> • Form a task force for nutrition. • Provision of material support like computers etc. • Fill in vacancies.
MoAFS	<ul style="list-style-type: none"> • Reintroduce home craft workers. • Provide enough financial resources. • Promote coordination among sectors. • Provide training in nutrition based on current situation.
MoGCCD	<ul style="list-style-type: none"> • Training using ORT funds. • Lobbying support from NGOs. • Provide cars. • Scale up CTCs. • Increase funding. • Have officers at EPA level.
MZIMBA	
MoH	<ul style="list-style-type: none"> • Divide the District in 3 zones and have 3 Nutrition officers. • Serious training on nutrition with AEDOs. • Upgrade those with certificates to diploma level, those with Diplomas to degree those with degree to Masters. • Produce training manuals for frontline staff. • Plan training courses.
MoAFS	<ul style="list-style-type: none"> • Refresher courses to field workers. • Provide material resources. • Nutritional training for communities. • Recruit home craft workers. • Provide financial resources. • Deployment of Nutritionists. • Increased collaboration among implementers.
THYOLO	
MoGCCD	<ul style="list-style-type: none"> • Multisectoral collaboration especially among health, social welfare and agriculture personnel. • Continuation of TNP meetings with emphasis on planning joint supervision.
MoE	<ul style="list-style-type: none"> • Need to train teachers in nutrition. • Nutrition should be included in school curriculum. • Home craft as a lesson should be revived in schools and communities. • In terms of School Feeding there is need to diversify the food, not just Likuni Phala.

Organization	Suggested improvements in nutrition capacity development
NGOs	Recommendations
I-Life	<p>Under the leadership of DNHA-OPC:</p> <ul style="list-style-type: none"> • Strengthen NGOs' involvement in nutrition programmes through joint planning and implementation endeavours. • Facilitate coordination of activities at district level. • Ensure that community service providers are providing adequate nutrition interventions. • Ensure that Bunda and NRC are graduating qualified students that fill the current gap that is observed in the country. • Facilitate international integration of nutrition interventions to Health, HIV/AIDs, Agriculture programmes. • Apply best lessons learnt in implementation of Nutrition interventions for national use. • I-Life project could serve as a field practice ground for the final year nutrition students to learn practical nutrition interventions. Project staff could also share their experience to the students. • Training should be tailored towards Public Health and Clinical Nutrition i.e establishment of Faculty of nutrition which would include clinical nutrition.
Valid International	<ul style="list-style-type: none"> • Send one common message to the community. • Have a package of strategies because nutrition is not only about food.
World Vision	<ul style="list-style-type: none"> • Health and nutrition should be tackled together. • Need for collaboration and networking- agriculture, nutrition, education, community services. • Embark on Family Planning. • Revision of messages of six food groups. Use real Malawian food. • Train nutrition workers. • Create more public awareness in nutrition. • Diversify food types. • Introduce Clinical nutrition modules in medical institutions.
Action Aid	<ul style="list-style-type: none"> • Create opportunities for student attachment. • Govt need to consider sub functioning services to NGOs and other charities to beef up capacities in various areas in district.
TRAINING INSTITUTIONS	
KCN	<ul style="list-style-type: none"> • Faculty Members need to attend refresher courses, workshops, in-service training to update knowledge skills and attitude towards nutrition.
CoM	<ul style="list-style-type: none"> • A small improvement of core nutrition personnel in the COM would harness the capacity COM has for research and training which at present is fragmented. • COM can tap existing expertise in other organizations and use existing platform to achieve post graduate training in nutrition including other constituent colleges of Unima (Poly's Food Technology, Chanco Home Economics and Bunda Nutrition). • Should have a plan of training x number of people at M.Sc. and PhD level in a year using Government money as donor money will always take time to come by.
CC	<ul style="list-style-type: none"> • Employ qualified personnel with nutrition training. • Establish guidelines for implementing of nutrition programmes. • Institutions for training should adhere to NNP and strategy. • Periodic review of training institutions. • Mobilize funds to strengthen training institutions for infrastructure, equipment, supplies, staff training. • Lobby institutions to send personnel for training at Bunda.
BC	<ul style="list-style-type: none"> • Organize refresher courses for members of staff. • Organize short courses in Nutrition and HIV since it is an area which is evolving rapidly with new research results this should target health and agriculture personnel among others.

Despite many improvements in health and food security, levels of malnutrition continue to be high in Malawi especially among children and women. Many factors contribute to the problem, including lack of adequate access to sufficient and good quality food, clean water, sanitation, education and health services.

Another important factor, which has been neglected for too long, is inadequate institutional capacities and human resources for delivering nutrition programmes and services effectively across sectors.

Malawi places high political commitment on tackling the challenges of malnutrition. With the endorsement of the National Nutrition Policy and Strategic Plan in January 2010, a solid foundation is now in place to facilitate the acceleration and expansion of nutrition actions to eliminate malnutrition in Malawi.

A further important step towards reaching this goal has been taken with the implementation of a nutrition capacity assessment, implemented under the auspices of the Department of Nutrition, HIV and AIDS, Office of the President and Cabinet. This report presents the results and identifies nutrition capacity gaps and needs by sector. We hope that it provides a basis for further discussion and for reaching consensus among government agencies and development partners on the way forward.