



# Stories of Change in Nutrition

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## Lessons on Advocacy



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Malawi is one of the most committed countries in Africa to improving nutrition, yet it still has one of the highest rates of malnutrition in the region and is struggling to turn commitments into action at scale. The advocacy component of the [Afikepo](#) project strengthened capacity of national and district government and Civil Society Organisation (CSO) representatives to plan, budget and advocate for scaling up nutrition commitments at national and in 10 districts. These actions improved awareness, coordination and commitment to prioritise nutrition across sectors, within government, and CSOs and a wide range of actors at national and district level, which in turn improved governance and accountability. However, these actions did not have a substantial effect on domestic funding allocations, which are still heavily reliant on external donors. This brief summarises lessons learned and recommendations from the various advocacy and capacity building efforts over the past four years.

While Malawi is one of the most committed countries to improving nutrition, ranking 3rd out of 45 African countries on the Hunger and Nutrition Commitment Index (HNCI 2019), the rate of chronic malnutrition remains one of the highest in the region at 37% (DHS 2015–16). The advocacy component of the Afikepo project aimed to improve governance and resources for nutrition at national and district level through budget monitoring, improved coordination, governance, and advocacy for nutrition. This brief summarises

the successes, challenges, lessons, and recommendations to improve governance and resources for nutrition in Malawi, drawing on feedback from district stakeholders in five Afikepo districts (Karonga, Nkhatabay, Kasungu, Thyolo and Mulanje) and Afikepo implementing partners.

### Nutrition budgets

Domestic budget allocations for nutrition in Malawi fall short of national and district targets almost every year ([see Malawi Stories of Change in Nutrition – funding for nutrition](#)),

preventing nutrition policies and plans from being adequately implemented and scaled up. To address this ongoing funding issue, CISANET and Save the Children trained 35 national and district representatives from government and Civil Society Organisations (CSOs), including the Principal Nutrition and HIV Aids Officers

(PNHAOs) in each district, to facilitate national and district budget analyses. This helped to assess how much financing was allocated to nutrition, identify budget gaps and advocate for more resources to be channelled to nutrition. The table below draws out the successes, challenges and lessons learned from the budget analyses:

SUCCESSSES	CHALLENGES
The budget analyses created a <b>platform for collaboration</b> across sectors (agriculture, health, education, and social welfare), CSOs and government, and helped them prioritise nutrition.	These analyses only focused on government funding or donor funding channelled through the government and therefore <b>missed a large proportion of other partner nutrition funding</b> . This meant that only part of the picture was presented with no clear estimate on donor funding through CSOs and the private sector.
Through the project, <b>budget analysis data</b> was disseminated to all stakeholders and <b>used to advocate</b> for more funding for nutrition at national and district level.	When the <b>overall funding pot is so small</b> (at district level), only small increases in allocations are likely. With <b>no dedicated budget for nutrition</b> , district funding prioritised supporting activities rather than actual interventions. There was an overall expectation that nutrition interventions would be funded externally, hence public sectors were less inclined to dedicate their own funding.
At district level, the process led to some <b>increase in budget allocations</b> for nutrition within some sectors and in the operations budget line. However, the allocations continue to fluctuate and vary by district and sectors.	<b>Budget holders</b> (district and national directors) were <b>not sufficiently involved in the nutrition budget analysis process</b> , which led to findings and recommendations being questioned, limiting the ability to influence public budget allocation.

## Advocacy for nutrition

Save the Children and CISANET used a range of methods to advocate and influence government to create a budget line and allocate more funding and human resources for nutrition. Activities included lobby meetings with Members of Parliament, radio and TV panel discussions and programmes, billboards (five mounted to support the launch of the SUN 3.0 strategy in cities) to increase awareness, publishing

position papers and training 89 nutrition champions (influential people) across the 10 districts. The role of the nutrition champions was to promote nutrition through their networks and across sectors, act as resource persons on nutrition for their peers, engage in public advocacy, mobilise resources and hold government accountable on nutrition related commitments.

SUCCESSSES	CHALLENGES
<b>Nutrition champions were very motivated</b> to take on their role despite absence of incentives and limited supervision. Consensus on criteria to select nutrition champions, and housing them in the district council's permanent structure was key to ensure endorsement and ongoing support for champions at district level.	<b>Nutrition champions were not formally</b> introduced and linked to <b>community structures</b> (Care Group promoters, community health workers, or male champions). This led to confusion on their role and responsibilities, and insufficient support and supervision. Champions did not have adequate reference materials. For example, since the Cost of Hunger factsheets were considered out of date, they only received booklets with general nutrition information from PNHAOs.
<b>Radio and TV programmes</b> (18 programmes aired 36 times on national radio) influenced a large number of people – including government, and other influencers -by engaging them in programme development. The wider population was reached repeatedly through airing on national and community radios and TV.	<b>Billboards were only mounted in cities and were expensive</b> . This meant that there was limited access to the messages to individuals in urban areas with no access at all in rural areas. It is also difficult to assess the impact the billboards had.
<b>Lobby meetings helped influence Members of Parliament at national and district level</b> , by discussing budget analyses findings. This was done first with Members of Parliament, then in the 10 districts targeting a range of stakeholders including district executive committees, ward councillors, directors of development and planning, district commissioners, and sector directors (health, education, agriculture, social welfare). Turnout was generally high, and meetings led to commitments to increase resources for nutrition.	<b>Advocacy efforts did not always target the right people</b> . More efforts needed to be made at the treasury (Ministry of Finance) level (where budget ceilings originate from) and local government planning committee (who influence district council budgets).

## District governance and planning

Every year, districts develop costed development plans to guide their activities and funding allocations. Nutrition is systematically deprioritised for the following reasons: unavailability of a dedicated district budget for nutrition; poor coordination within and across sectors to identify resources for nutrition activities; nutrition activities not included in village action plans (which inform the district plans); inadequate human resource at district level and reliance on volunteers (Care Groups Promoters) and community structures (Village Nutrition Committees, Area Nutrition committees) who

receive little training or support (unless a partner funds it). In 2017–2018, the Department of Nutrition and HIV and AIDS (DNHA) created the Principal Nutrition and HIV AIDS Office (PNHAO) in each district to support nutrition planning and implementation but, without a dedicated national budget, it is difficult for the office of PNHAO to progress. To address some of these issues, the project strengthened the capacity of CSOs and government representatives at national and district level to lobby, advocate, and make duty bearers accountable for their commitments.

SUCCESSSES	CHALLENGES
<b>The budget analysis</b> processes <b>provided evidence</b> of funding gaps which PNHAO and stakeholders could use to advocate for dedicated budget and funding for nutrition at district level. This facilitated strategies to <b>improve coordination</b> across sectors on funding for nutrition activities.	<b>Complicated procedures</b> and barriers to access documents for budget review from other sectors delayed budget analyses. <b>Limited changes in funding</b> for nutrition activities despite evidence generated through budget analysis process in some sectors
The District Nutrition Coordination Committee became the most active nutrition structure in the districts which in turn <b>improved collaboration</b> between CSOs and government departments. The quarterly project review meetings to review progress, discuss challenges and mitigation measures, also <b>improved the use of data</b> .	<b>Delay to reach a consensus</b> with government counterparts on what advocacy activities to prioritise, led to delays in project activities. This highlights the importance of strong relationships and effective ways of working.

## Regulatory framework for nutrition

While there have been policies in place for many years outlining Malawi's ambition for nutrition, there is no regulatory framework to enforce that ambition. The Food and Nutrition Bill (Government of Malawi, 2018) was drafted in 2018 by DNHA to put the right to food and nutrition into law, as a fundamental right of individuals, however, there has been delays for the bill to be tabled in parliament. CISANET with

the Right to Food Coalition<sup>1</sup> drafted a position paper in consultation with DNHA in November 2021 which received strong support and interest advocating for government action. The Food and Nutrition Bill has still not been tabled nor enacted, which means there is no legal framework to hold government institutions accountable for financing and delivering on their commitments.

SUCCESSSES	CHALLENGES
The <b>position paper</b> developed by CISANET and seven CSOs gained strong public and media support. More public support and backing is needed to continue advocacy and government lobbying.	Changes in government administration in 2019 (when the bill was about to be tabled in parliament) meant the bill had to be reviewed again, which caused more delays.

## Recommendations

### Budget Analysis

- Engage decision makers** (sector heads, budget holders and treasury representatives) at national and district level to ensure ownership and better uptake of budget analysis findings for advocacy and influencing from within.
- Separate domestic and external funding for nutrition** in budget analyses to get a complete picture of the funding for nutrition and where increases and decreases are coming from.
- Disseminate budget analysis findings regularly and widely**, from national to village level, to influence planning and budgeting processes, including Village Development Plans.

- Standardise and simplify budget analysis process and methodology** to generate comparable results, increase use of findings and allow District Nutrition Coordinating Committees and Civil Society Organisations to lead the budget analysis.

### Advocacy

- Provide ongoing support to nutrition champions** (rather than a one-off training) focusing on the development of action plans, linking to existing structures, provision of up to date and relevant materials and resources, giving them visibility to increase their motivation.

<sup>1</sup> Members of this Coalition include Civil Society Agriculture Network (CISANET), Welthungerhilfe (WHH Malawi), Civil Society Nutrition Alliance (CSONA), Commons for EcoJustice (EcoJustice), Centre for Environmental Policy and Advocacy (CEPA), Centre for social Concern, Welthungerhilfe (WHH), Oxfam in Malawi and Community Initiative for Self Reliance CISER).

- 2 Invest in ongoing capacity building** of district government staff on nutrition advocacy, planning and budgeting, with a skills transfer system to new employees. This should also include improving communication systems so that information (meeting minutes, actions, and recommendations) is shared with relevant decision makers.
- 3 Support community actors** (Health Surveillance Assistants, Area Community Leaders Action on Nutrition (ACLAN)) to integrate nutrition into village action plans (orientation, training, and guidance materials).
- 4 Improve coordination mechanisms** within and across structures from village to district level (from care groups, cluster leaders, ACLANs, District Nutrition Coordinating Committees (DNCC)) to ensure flow of information, follow up of actions and more accountability.

- 5 Prioritise the enactment of the Food and Nutrition Bill** to make nutrition commitments a legal commitment.

## Conclusion

The Afikepo advocacy project has played an important role in building capacity of district level government staff and CSOs to analyse budgets and advocate for an increase in resource allocation for nutrition activities. This is despite the changes in the political environment which required continuous adjustment to the advocacy approach. Continued effort is needed to turn this increased capacity into sustained advocacy achievements. Strengthened coordination, collaboration and working relationships across government departments, related sectors, CSOs and other stakeholders is also important to engage decision makers within government departments into action.

This work is based on a lessons learned exercise, conducted under the advocacy component of the European Union funded [Afikepo](#) project, implemented by Save the Children, in partnership with the Civil Society Agriculture Network (CISANET) and the Institute of Development Studies (IDS). It is part of a Stories of Change in Nutrition series for Malawi to unpack the factors contributing to changes in nutrition in the country. It builds on a wider Stories of Change project, which has captured narratives of change in nutrition outcomes and policy processes in over 20 countries so far, to improve our understanding of what drives undernutrition reductions, and how enabling environments and pro-nutrition policy and implementation processes can be cultivated and sustained.

See more at <https://www.ifpri.org/project/stories-change-nutrition>

## References

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### SUGGESTED CITATION

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