

IMPROVING COMPLEMENTARY FEEDING DURING THE LEAN SEASON:

RESULTS OF A TRIALS OF IMPROVED PRACTICES STUDY IN THE MCHINJI DISTRICT, MALAWI

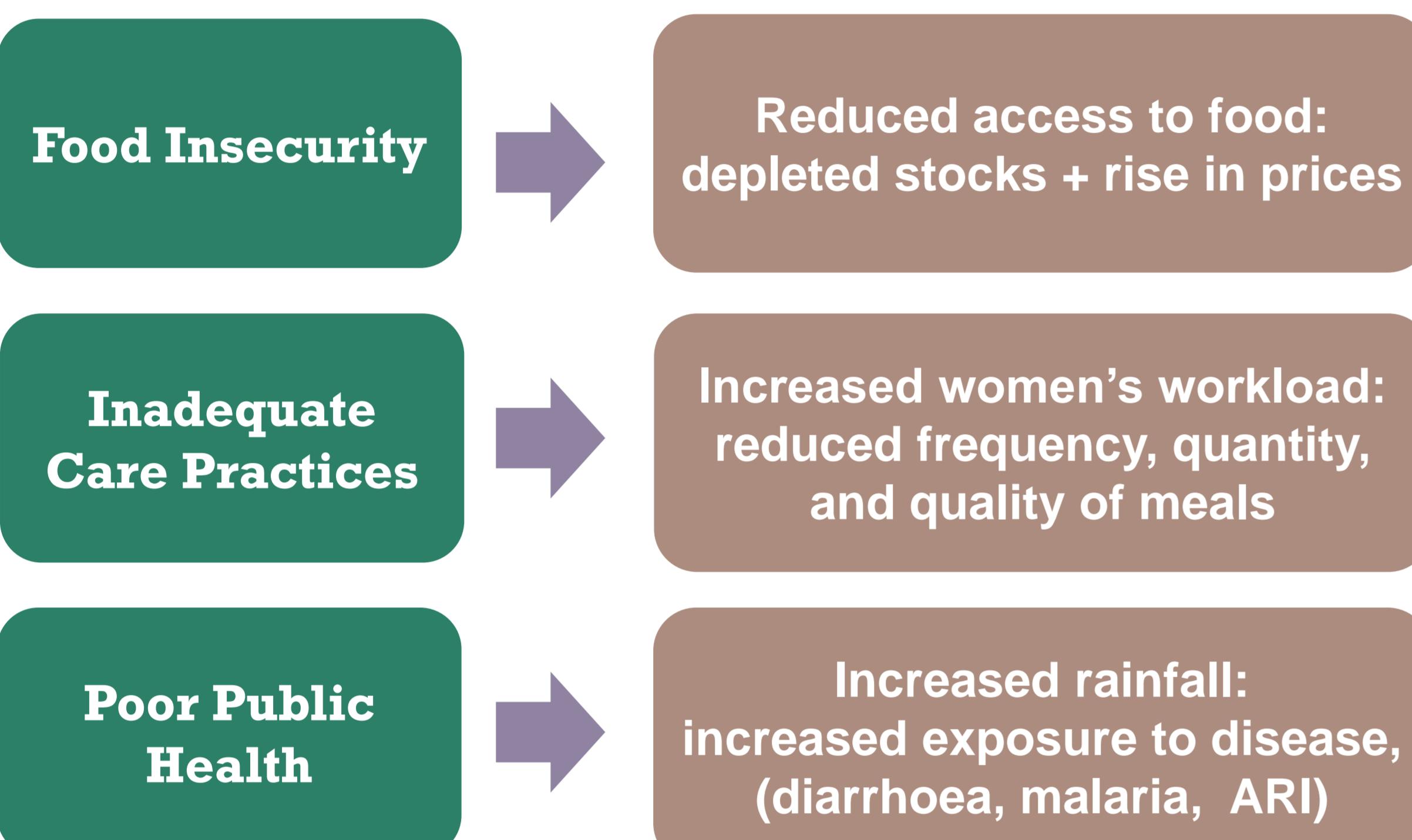
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BACKGROUND

The seasonality-nutrition scenario, where food stocks run low, food prices increase and food consumption decreases, poses food and nutrition security challenges in Malawi.¹ The annual “lean season” from October to March impacts the quality, diversity and frequency of meals, with particular consequence on complementary feeding of children 6-23 months of age.²

Causes of undernutrition during the lean season:



In Malawi, Concern Worldwide supports the government to scale-up maternal and child nutrition service delivery during the 1,000 Special Days under the Support to Nutrition Improvement Component (SNIC) initiative. Concern conducted a Trials of Improved Practices (TIPs) study in the Mchinji District to identify key complementary feeding practices that are feasible for caregivers to perform during this period when household resources are most constrained.

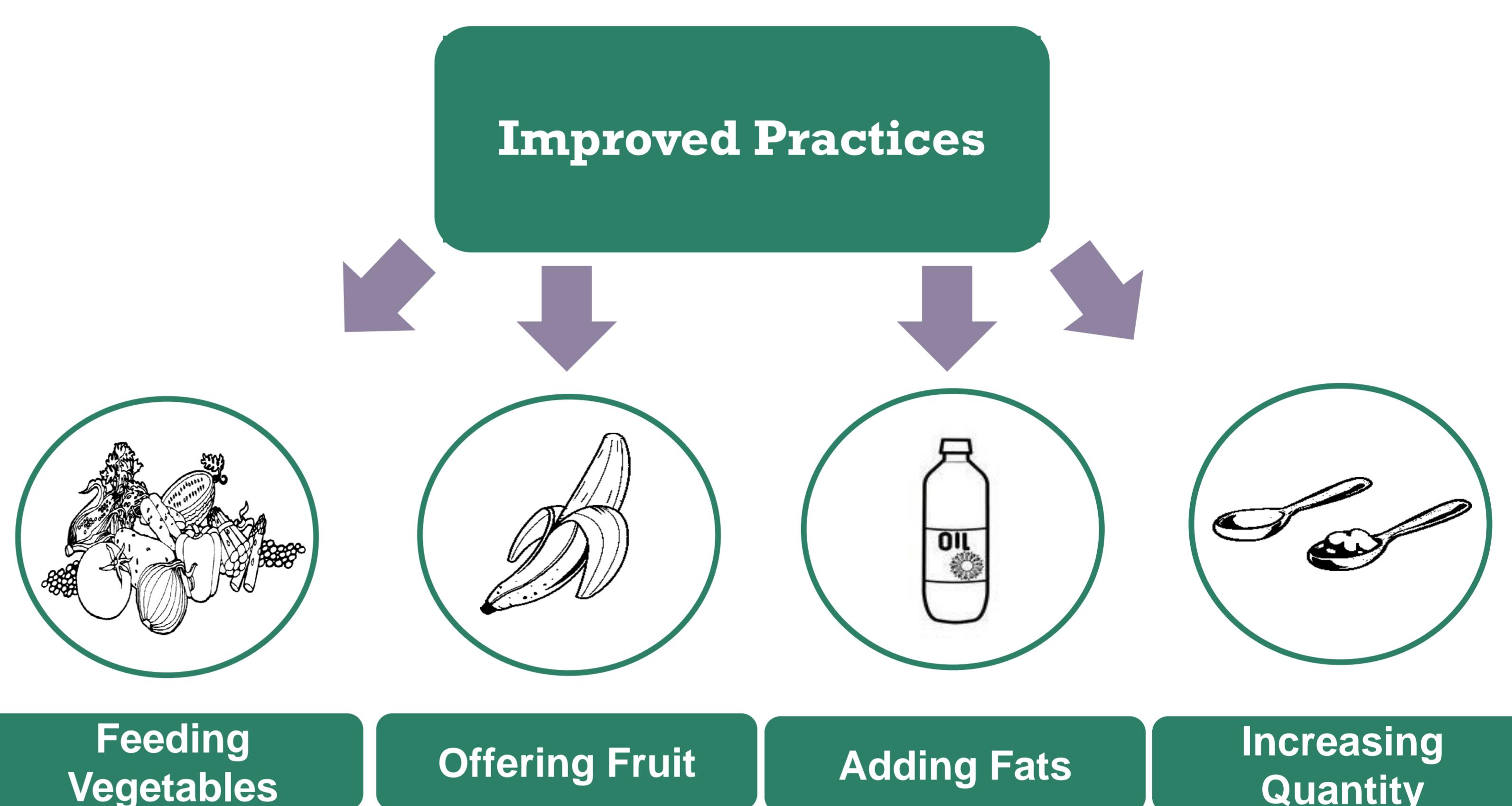
METHODS

The study employed consultative formative research methods to collect qualitative data from 36 mothers of children 6-23 months of age in 2 Traditional Authorities. Data collection tools were adapted from generic TIPs instruments. Following the standard TIPs methodology, data were collected through a series of three household visits over a 15-day period in March and April 2016. The visits assessed household food availability and current complementary feeding practices, counselled and negotiated one to two improved practices to trial over a 10-day period, and evaluated results from the trial.



FINDINGS

Improvements in complementary feeding were observed in four key areas:



Trial outcomes from the four key areas of improved practices (n = 36 mothers):

	Offered	Accepted	Tried	Succeeded	Modified
	9	8	8	5	2
	16	9	9	4	3
	17	11	10	8	1
	15	7	7	3	3

CONCLUSIONS

- It is **feasible** for caregivers to **improve poor complementary feeding practices** during the lean season, particularly in **four key areas**.
- The majority of caregivers were **unwilling** or **unable** to increase the provision of **animal-source foods**. **Alternative sources of iron and protein**, including legumes and groundnuts, were both **acceptable** and **feasible** for caregivers to provide.
- Although caregivers **were more likely to successfully increase the provision of eggs** rather than meat or fish, providing **one egg daily was not a feasible recommendation**.
- Fathers** played an **important role** in the trialing of improved feeding practices, often providing **financial resources** and/or **procuring** food items themselves.
- Further training and sensitization** on infant and young child feeding practices and counseling skills for frontline workers, volunteer promoters, and lead mothers is needed.
- The TIPs identified **acceptable, contextualized feeding practices**. These practices will be developed into **behaviour change communication materials** designed to **complement the nationally standardized Care Group modules** and deployed district-wide.

1. Wijesinha-Bettoni, Ramani, et al., 2013. Considering Seasonal Variations in Food Availability and Caring Capacity when Planning Complementary Feeding Interventions in Developing Countries. International Journal of Child Health and Nutrition, 2, 335-352.

2. Food and Agriculture Organization, 2014. Improving complementary feeding based on locally available foods: Learning from caregivers through Trials of Improved Practices in Kasungu and Mzimba districts of Malawi. Nutrition Division, viii.