

Long-term child nutrition: the complementarity between farm input subsidy vouchers and health care quality in malawi

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Abstract

Improved nutrition is one of the key targets of the Agenda 2030 for Sustainable Development Goal number 2 adopted in 2015. This target notwithstanding, the prevalence of low height for children is highest in Africa despite the continent's reintroduction of the Farm Input Subsidy Program that aims at enhancing food security. Empirical evidence shows that this program only improves short- and medium-term child nutrition outcomes, weight for age and weight for height respectively, but not long-term child nutrition, height for age. We argue that improving height for age requires not only the subsidy initiative, but also accompanying good healthcare quality. Our analysis used the 2010-2013 Malawi Integrated Household Panel Survey data. We found evidence of height-for-age positively responding to farm input subsidy vouchers only when sufficient maternal and child health interventions are in place. A disaggregation by age reveals that the subsidy positively relates to height-for-age amongst children under 3 years when complemented by maternal access to good health care quality. Further, the maternal investment sustains beyond 3 years, conditional on the child participating in a nutrition enhancement program. These findings demonstrate that increasing height-for-age, that is a summary of long-term human growth and development, demands integrating food and healthcare policy. Further, sustainability of benefits achieved early in life demands follow up nutrition interventions in later years..

usage of piped water. With respect to toilet facilities, more non-beneficiaries use flush toilets relative to beneficiaries. About residential area, more beneficiaries live in rural areas relative to non-beneficiaries. The residential pattern could explain water and sanitation differences observed between the two groups. That is, beneficiaries reside in areas with low health standards relative to non-beneficiaries. This is not astounding

conditional on living in a cluster with adequate antenatal care. In the second column, we interact the voucher and participation in nutrition programs and find no distinction in the relationship between FISP and height for age by participation in a nutrition programs. The third column provides estimates of the interaction between FANC and participation in a nutrition program and find no distinctions.

Table 5: The doubl

subsidy voucher relates to increased height for age when complemented with health care quality we explore here the possible mechanism.

The FISP enhances the uptake of commercial fertilizer which results in increased maize yields (Ricker-Gilbert & Jayne, 2017). Despite maize not being a valuable crop in terms of its nutritional value, its increased availability saves household income normally used to purchase maize staples from the market, implying the saved income is now available for other types of expenditure

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